

Peninsula Health

ACCESS REFERRAL

Fax: 03 9125 5862

Phone: 1300 665 781

(External website)

<https://www.peninsulahealth.org.au/services/access-referrals/>

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH

Please fill in if no Patient Label available App.1/11/2023 Print Code:12736

Address: P/C: Phone:

Email:

Other Contact Person: Phone: Relationship

Preferred contact method: Phone / SMS / email / other

Country of Birth: Preferred Language:

Aboriginal / Torres Strait Islander: Yes / No / Not Stated Refugee Status? Yes / No Interpreter required? Yes / No

Medicare No. MAC ID. Pension/Health Care/ DVA Gold Card No.

NDIS Identifier:

Compensable Category: (please circle) Workcover / TAC / DVA / Overseas visitor / N/A

GP Name: GP Phone:

GP Address:

Service Referred to:

Aboriginal Health Services

Advance Care Planning

Agestrong

Alcohol & other Drugs

Cancer Rehab

Cardiac Services

Cognition, Dementia & Memory Service (CDAMS)

Community Care (HARP / RIR / PAC)

Current Inpatient Yes No

Contact should be made with: Client Other contact person Clients consent to referral Yes No

Practitioner:

Continence

Counselling

Children's Services

Diabetes Education

Dietetics

Exercise Physiology

Falls Prevention

Geriatric Medicine Clinic (GMC)

Integrated Pain Service (PHIPS)

Lymphoedema

MI Health (Homelessness)

Movement Disorder Program

NDIS services

Occupational Therapy

Podiatry

Physiotherapy

Pulmonary Rehab

Sexual Health

Social Support Group

Speech Pathology

Other

Anticipated Discharge Date: / /

Client is registered with My Aged Care? Yes No

Home Based Centre Based Urgent Routine

Reason for Referral:

Diagnosis / Medical History / Recent Surgery:

Communication

Hearing impaired

Vision impaired

Speech impaired

Cognitive impairment

Reduced insight

Low literacy

Physical Function

Independent

Requires Prompting

Requires Assistance

Walks with aids

Falls with harm history

Incontinent

Social

Lives Alone

Lives with family

Lives with others

Out of home < 18yrs

Lives in Aged care Fac.

Current Services

Council

NDIS Plan

Private Services

Child Protection

Home care package

Other

Risks

Behavioural Concern

Allergies

Other (list)

Referrer Name: Signature: Desig / Provider No.

Organisation Name / Address:

Phone: Date: / /



1/11/2023 Print Code:12736 Ref Link / GP Liaison / Clin Docs Downtime

ACCESS REFERRAL

MR/151650