

REFERRAL GUIDELINES

Stroke Rehabilitation Clinic

Head of Unit: Dr Nathan Johns

Referrals: For faxed referrals, use the ACCESS referral form to 9784 2309

Clinic overview:

This clinic sees all patients who are currently enrolled in the Stroke Detours Program and those referred with ongoing rehabilitation issues following their stroke.

Patients will be reviewed by a Rehabilitation Medicine Physician and Stroke Rehabilitation Nurse Practitioner during the Stroke Detours Program to manage any medical issues, pain, sexuality, secondary prevention, bladder and bowels, mood and medication.

Rehabilitation Physicians:

Dr James Ting

Dr Daniella Pasagic

Clinic location: Golf Links Road

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New Stroke enrolled into the stroke detours program	1-2 week
Category 2 Routine	Chronic stroke	4-6 weeks
Emergency		

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

PROGRAM DIRECTOR

Dr Nathan Johns

ENQUIRIES

Fax: 9784 2309

Phone: 1300 665 781

Review: September 2019

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<p>Eligibility Criteria</p> <p>Patients must live with Peninsula Health catchment area</p>
<p>Exclusions</p> <p>Age < 16</p>
<p>Alternative referral options</p> <p>TIA or uncertain diagnosis – TIA clinic/ neurology clinic at Frankston Spasticity – Spasticity clinic Other neurological impairments – Neurological rehabilitation clinic</p>
<p>Minimum Referral Information Required Please note, referral cannot be processed if minimum information is missing)</p> <ul style="list-style-type: none"> Referring practitioner name, provider number and signature. Date of referral Patient's name, address, date of birth, Medicare number and phone number. Clinical details and reason for referral Relevant medical history Medications Allergies Results of all recent and relevant investigation <p>MANDATORY TEST INFORMATION HERE...</p>
<p>Clinic information</p> <ul style="list-style-type: none"> Times: Wed 0930-1230HR Location: 125 Golf Links Rd, Frankston 3199 SD@phcn.vic.gov.au Fax: 9784 2316 <p><i>Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment</i></p>

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