



Ramsay Health Care

Rehabilitation Unit Pre-Admission & Referral Form

URN: Surname: Given Name: DOB: Sex: M F (Affix Patient Identification label here, if available)

Unit Name: Fax No.:

REFERRAL DETAILS

INPATIENT REFERRAL (assessed as requiring 24 hour nursing care) DAY PROGRAM REFERRAL (full day / half day)

Referring Dr: Ph: Provider No:

Referral Date: / / Requested admission date: / / Patient Ph:

Person for notification: Ph: Relationship:

Usual GP: Medicare No.: Exp:

Patient Health Fund: Health fund No.: DVA No.:

Workers Comp Third Party: If yes: Insurance Company: Claim number:

Is the patient an existing NDIS participant? Yes No

Is an application for NDIS eligibility being considered for this admission? Yes No Unsure

Pt Location: Home Hospital: Ward: Bed: Ward Phone:

Referrers Name: Position: Ward:

Infectious Status (e.g.MRSA/VRE/ESBL/CRE positive): Results - Yes No (please attach results)

PATIENT DETAILS

Diagnosis / HPI Relevant Past Medical History Allergies Clinical Risks Social Situation Proposed d/c destination

CURRENT MOBILITY STATUS, LEVEL OF DEPENDENCE, ADLS

Mobility Indep s/v 1 Assist 2 Assist Immobile Walking Aid (Type): Distance: m

Transfers Indep s/v 1 Assist 2 Assist Standing Hoist Full Hoist

Weight bearing Full Non Touch Partial Date of next Review of WB Status: / /

Cognition Alert Confused Wandering Non-compliant MOCA / MMSE score (if done):

Falls Risk At Risk No risk No. falls in last 6 months: No. falls during current admission:

Continenace Bladder: Continent Incontinent IDC SPC Weight kg

Bowel: Continent Incontinent Toileting Indep Supervision Assistance

Showering Indep Supervision Assistance Wounds No Yes Specify:

Diet Communication

Fluids Thin/L0 Mildly Thick/L2 Moderately Thick/L3 Extremely Thick/L4 Nil by Mouth

Previous functional status

REHABILITATION PLAN & GOALS

Patient willingness and ability to comply with program? () YES () NO

Rehab Goals:

ASSESSMENT COMPLETED BY: Name: Signature: Date:

ACCEPTED BY VMO: Name: Signature: Date:

Please send a copy of 1) Recent progress and admission notes 2) Medication charts 3) Recent pathology results/scans and 4) ECG + any other information you feel is relevant to the referral.

BINDING MARGIN - DO NOT WRITE