

# INPATIENT/OUTPATIENT REHAB Referral Form

Please PRINT clearly.  
 Fax/email to relevant facility.  
 To be completed by Specialist/  
 GP/Discharge Planner.  
 Fax: (02) 9716 3798

**PROGRAM:**  INPATIENT REHAB  OUTPATIENT Request start date: \_\_\_\_\_

**PROGRAM TYPE:**

ORTHOPAEDIC  RECONDITIONING  FALLS PREVENTION/BALANCE  CARDIAC  LYMPHOEDEMA

NEUROLOGICAL  PAIN MANAGEMENT  RESPIRATORY  METABOLIC  OTHER: \_\_\_\_\_

**GOALS:** \_\_\_\_\_

**HOSPITAL LOCATIONS:**

Delmar Private Hospital  Holroyd Private Hospital  Longueville Private Hospital  Eastern Suburbs Private Hospital

Manly Waters Private Hospital  President Private Hospital  The Sydney Private Hospital  Minchinbury Community Hospital

**PATIENT DETAILS:**

Title: \_\_\_\_\_ Given names: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Weight (kg): \_\_\_\_\_ M  F

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Person responsible: \_\_\_\_\_ Contact No: \_\_\_\_\_ GP Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Health Fund/DVA/Insurance Name: \_\_\_\_\_ Membership/DVA No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry: \_\_\_\_\_

**CLINICAL DETAILS:**

Reason for Referral: \_\_\_\_\_

Recent ACAT Assessment:  Y  N Details: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Falls History: \_\_\_\_\_

Mobility: *Bed mobility*  Independent  Supervision  Assistance

*Sit to Stand*  Independent  Supervision  Assistance

*Ambulation*  Independent  Supervision  Assistance  Crutches  Rollator

W/Chair  FASF  PUF  Stick/s

Weight Bearing:  Full  Partial  Touch  As Tolerated

Non weight-bearing weeks: \_\_\_\_\_

Cognitive:  Intact  Confusion  Delirium  Dementia

Hydrotherapy:  Y  N Commencement date: \_\_\_\_\_

Infection:  Y  N Details: \_\_\_\_\_

Usual Living Arrangements:  Own Home  Rents  Hostel  Nursing Home

Lives:  Alone  W/Partner  W/Relatives  W/Carer

Swallowing Intact:  Yes  No  NGT/PEG

Diet:  Normal  Diabetic  Tube Feed  Supplement: \_\_\_\_\_

**INPATIENT DETAILS:**

Hospital where patient is currently located: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Hospital Ph: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Referring Specialist: \_\_\_\_\_ Estimated D/C date: \_\_\_\_\_

Falls Risk: \_\_\_\_\_

Risk of Pressure Injury:  Y  N Wound Management:  Y  N

MRSA Swabs Taken:  Y  N Date: \_\_\_\_\_ Result: \_\_\_\_\_

Multi Resistant Organisms:  Y  N Type: \_\_\_\_\_

Contenance: *Bladder*  Continent  Incontinent  IDC

*Bowel*  Continent  Incontinent  Colostomy

Personal Care:  Independent  Requires Assistance  Fully Dependent

Discharge Destination:  Home  Aged Care Facility  Transitional Care  With: \_\_\_\_\_

**REFERRER'S DETAILS:**

Referrer's Name: \_\_\_\_\_ Provider No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INPATIENT AND DAY REHAB Rehabilitation Referral Form

1800 622 734 | MacRehab.com.au

## SYDNEY METROPOLITAN REHABILITATION LOCATIONS

### DELMAR PRIVATE HOSPITAL

58 Quirk St  
DEE WHY NSW 2099  
P 9982 7655  
F 9971 7299  
E Delmar@macrehab.com.au

### EASTERN SUBURBS PRIVATE HOSPITAL

8 Chapel St  
RANDWICK NSW 2031  
P 9398 0800  
F 9398 8472  
E EasternSuburbs@macrehab.com.au

### HOLROYD PRIVATE HOSPITAL

123 Chetwynd Rd  
GUILFORD NSW 2161  
P 9681 2222  
F 9632 8480  
E Holroyd@macrehab.com.au

### LONGUEVILLE PRIVATE HOSPITAL

47 Kenneth St  
LONGUEVILLE NSW 2066  
P 9427 0844  
F 9418 7329  
E Longueville@macrehab.com.au

### MANLY WATERS PRIVATE HOSPITAL

17 Cove Ave  
MANLY NSW 2095  
P 9977 9977  
F 9977 4319  
E ManlyWaters@macrehab.com.au

### MINCHINBURY COMMUNITY HOSPITAL

Cnr Rupertswood Rd/Great Western Hwy  
ROOTY HILL NSW 2770  
P 9625 2222  
F 9675 9704  
E Minchinbury@macrehab.com.au

### PRESIDENT PRIVATE HOSPITAL

Cnr President Ave/Hotham Rd  
KIRRAWEE NSW 2232  
P 9521 7788  
F 9545 2659  
E PresidentPrivate@macrehab.com.au

### THE SYDNEY PRIVATE HOSPITAL

63 Victoria St  
ASHFIELD NSW 2131  
P 9716 3700  
F 9798 8561  
E SydneyPrivate@macrehab.com.au

