ST LUKE'S CARE
— PRIVATE HOSPITAL —

REFERRAL FORM

Fax with Patient Details Form to **(02) 9356 0431**

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

To be completed by Specialist/GP/Discharge Planner. Please PRINT clearly.

PROGRAM

☐ Inpatient rehabilitation ☐ Half-day rehabilitation

PATIENT DETAILS

Title: Given names: Surname:

Date of birth: / / Gender: ☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified

ALL PATIENTS – CLINICAL DETAILS

Requested start date: / /

Reason for referral (include date of surgery if applicable):

Rehabilitation goals: 1. 2. 3.

Relevant medical history:

Mobility status: ☐ W/chair ☐ FASF ☐ Rollator ☐ Crutches ☐ Stick/s ☐ Independent

Weight bearing status: ☐ Full ☐ Partial ☐ Touch ☐ Weight bearing as tolerated
☐ Non weight bearing Length of time:

Cognitive status: ☐ Intact ☐ Confusion ☐ Delirium ☐ Dementia ☐ MOCA Score:

Known infection: ☐ Yes ☐ No If yes, details:

Hydrotherapy: ☐ Yes

Usual living arrangements: ☐ Own home ☐ Alone ☐ With relatives ☐ Own home with carer support ☐ Hostel

Dietary requirements?

CURRENT INPATIENTS – CLINICAL DETAILS

Hospital where patient is currently admitted:

Hospital contact person: Contact details:

MRSA swabs taken: ☐ Yes ☐ No Date: / / Falls risk:

Risk of pressure injury: ☐ Yes ☐ No Wound management required: ☐ Yes ☐ No

Mobility status:	Bed mobility:	☐ Independent	☐ Supervision	☐ Assistance
	Sit to stand:	☐ Independent	☐ Supervision	☐ Assistance
	Ambulation:	☐ Independent	☐ Supervision	☐ Assistance
Continence status:	Urine: ☐ IDC	☐ Continent	☐ Incontinent	
	Faeces:	☐ Continent	☐ Incontinent	
Personal care:	☐ Independent	☐ Requires assistance	☐ Fully dependent	
Discharge destination:	Type: ☐ Home	☐ Nursing Home	☐ Hostel	☐ Other
	Where: ☐ Family	☐ Friend	☐ Alone	☐ Other

REFERRER'S DETAILS

Referrer's name: Signature:

Provider number: Date: / /

SPECIALIST / DISCHARGE PLANNER / GP TO COMPLETE

REFERRAL FORM

DETACH ALONG PERFORATION

TAE - SLC032021

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DETACH ALONG PERFORATION

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PATIENT TO COMPLETE

To be completed by Patient. Please PRINT clearly

PERSONAL DETAILS

Title: Given Names:

Surname: Previous Surname (if applicable):

Residential Address:

Postal Address:

Telephone (Wk/Day): (Home): (Mobile):

Email:

Gender: ☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified Date of Birth: / /

Marital status: ☐ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed

Country of birth: Are you an Australian resident? ☐ Yes ☐ No

Language spoken at home: Religion:

Do you require an interpreter? ☐ Yes ☐ No If yes, language:

Are you of Aboriginal or Torres Strait origin? ☐ Yes ☐ No ☐ Both

HEALTH INSURANCE DETAILS

Insurance Type: ☐ Private Health Fund ☐ Workers Compensation ☐ Third Party ☐ DVA ☐ Self Funded ☐ Defence

Name of Health Fund: Type of Cover:

Membership No: Do you have an excess? ☐ Yes ☐ No

Has this cover changed in the last 12 months? ☐ Yes ☐ No

Workers Comp Fund Name:

Address:

Claim Number: Date of Accident: / /

Employer Name: Telephone:

HR Manager: Fax Number:

Third Party Name: Details: Policy Number:

Serving Member of: DVA No.: DVA Card Colour:

Details of cover (white card only):

PATIENT RESPONSIBILITY

By ticking the following boxes I acknowledge that I have read and understood the information contained within the following sections of the Pre-Admission Booklet:

☐ Responsibilty of Personal Items ☐ Privacy Information

Name:

Signature: Date: / /

PATIENT DETAILS FORM

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PATIENT TO COMPLETE

PATIENT DETAILS FORM

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Doctor:

EMERGENCY CONTACT

Name: Relationship to Patient:

Address:

Telephone (Wk/Day): (Home): (Mobile):

Second Contact/Power of Attorney: Telephone:

PREVIOUS HOSPITALISATION AND INFECTION CONTROL

PREVIOUS HOSPITALISATION

Have you been treated at St Luke's Private Hospital before?	N	Y	Year:
Have you been hospitalised for more than 48 hours within the last 3 months?	N	Y	Dates: Hospital:
Have you been admitted to any hospital or aged care facility outside Australia within the last 12 months?	N	Y	Dates: Hospital:

INFECTION CONTROL If YES, please specify

Have you travelled to a country with a current health alert in the last month?	N	Y	
Have you ever had a multi resistant organism? MRSA, VRE, ESBL?	N	Y	

DETACH ALONG PERFORATION