



Ramsay Health Care

Rehabilitation Unit Pre-Admission & Referral Form

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

REFERRAL DETAILS

REFERRAL DETAILS form with fields for INPATIENT REFERRAL, DAY PROGRAM REFERRAL, Referral for: Dr, Referring Dr, Referral Date, Requested admission date, Patient Ph, Person for notification, Usual GP, Medicare No., Exp, Patient Health Fund, Health fund No., DVA No., Workers Comp, Third Party, Insurance Company, Claim number, NDIS participant status, Pt Location, Referrers Name, Position, Phone, Infectious Status.

PATIENT DETAILS

PATIENT DETAILS table with rows for Diagnosis / HPI, Relevant Past Medical History, Allergies, Clinical Risks, Social Situation, Proposed d/c destination.

CURRENT MOBILITY STATUS, LEVEL OF DEPENDENCE, ADLS

CURRENT MOBILITY STATUS, LEVEL OF DEPENDENCE, ADLS form with sections for Mobility, Transfers, Weight bearing, Cognition, Falls Risk, Continence, Showering, Diet, Fluids, Previous functional status.

REHABILITATION PLAN & GOALS

REHABILITATION PLAN & GOALS form with fields for Patient willingness and ability to comply with program? and 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

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REHABILITATION UNIT PRE-ADMISSION & REFERRAL FORM RHC001-AH