



## Ambulatory care and community services referral form

Type or write legibly in black pen

UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F  
Affix Hospital ID Label If Available – Internal use

**Do NOT use this form to refer to ACAS, Aged Persons Mental Health, Transition Care Program, Residential-In-Reach, GEM@Home or Community Health.**

Referral to HARP-email [Harp.Help@easternhealth.org.au](mailto:Harp.Help@easternhealth.org.au) or phone 9955 7501

Referral to Rehabilitation Groups-Cardiac, Heart Failure, Pulmonary and Oncology- refer to Community Access unit- phone 98811100  
Fax form to 98811102 or email to [sacs.integratedcare@easternhealth.org.au](mailto:sacs.integratedcare@easternhealth.org.au)

Referrer's name:		Designation:	
Location/Organisation:			
Email:		Phone No:	
Referral Date:		Est. Discharge Date:	
Reason for Referral			
Presenting problem or diagnosis and the impact on the client? What does the client need?			
Client Information			
Surname:		Given Name:	
Sex:	Male Female Other	D.O.B:	/ / Confirmed Y N
Mobile Number:		Phone Number:	
Medicare Number:	----- ( )		
Is this a claim for:	TAC <input type="checkbox"/> VWA <input type="checkbox"/> DVA <input type="checkbox"/> Reference No.: -----		
Does the client have an NDIS-Approved plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does client identify as being of ATSI origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes: does the client agree to a referral to Eastern Health Aboriginal Services?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If unknown:	Question unable to be asked <input type="checkbox"/> or Client refused to answer <input type="checkbox"/>		
Does the client have?	No advance care directive <input type="checkbox"/> Presence of an advance care directive <input type="checkbox"/> Presence of a medical treatment decision maker <input type="checkbox"/> Presence of both an advance care directive alert and a medical treatment decision maker <input type="checkbox"/>		
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, preferred language: _____	
Client's Country of Birth:			
Client's living arrangement:	With family With Others Alone		



FEH090250

Ambulatory care and community services referral form EH090250



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Client consents to receive information electronically (including SMS)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Client signature (if appropriate)		
Referrer's signature		
Date: ____ / ____ / ____		



Ambulatory care and community services referral form EH090250

Rehabilitation	Specialist Clinics																								
<p><input type="checkbox"/> <b>Community Rehabilitation Program</b> Client has experienced a change in function due to a recent acute medical/health event and requires goal-directed rehabilitation.</p> <p><i>Indicate profession(s) requested (req).</i></p> <p><b>Discharge (DC) Summary is required and should be attached.</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Req.</th> <th style="width: 10%; text-align: center;">DC sum.</th> </tr> </thead> <tbody> <tr> <td>Occupational Therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Physiotherapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3"> <ul style="list-style-type: none"> <li>If physio-only is required within 7days of discharge to prevent hospital readmission, contact Post Acute Care (PAC).</li> </ul> </td> </tr> <tr> <td>Neuropsychology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Social Work</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dietetics</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Speech Pathology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>Client would benefit from therapy in the following setting:</b></p> <p>Centre-based <input type="checkbox"/></p> <p>Home-based <input type="checkbox"/> (please justify) _____</p> <p><input type="checkbox"/> <b>Focal Spasticity Management Clinic</b> Provides comprehensive medical assessment and recommendations regarding the management of focal spasticity. Follow-up allied health interventions are not organised in the clinic.</p>		Req.	DC sum.	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If physio-only is required within 7days of discharge to prevent hospital readmission, contact Post Acute Care (PAC).</li> </ul>			Neuropsychology	<input type="checkbox"/>	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	<input type="checkbox"/>	Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	Speech Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> <b>Continence Clinic</b> Client requires assessment and management by geriatrician and/or physio and/or nursing to address incontinence. Must be over 16 years old.</p> <p><input type="checkbox"/> <b>Falls and Balance Clinic</b> Client requires geriatrician PLUS physiotherapy &amp; occupational therapy assessment to determine cause of falls/poor balance and to recommend falls prevention strategies.</p> <p><input type="checkbox"/> <b>CDAMS Cognitive Dementia and Memory Service</b> Client requires comprehensive multidisciplinary assessment to determine new diagnosis of possible/early dementia or related conditions.</p> <p><input type="checkbox"/> <b>Complex Care Clinic</b> Client requires geriatrician assessment of multiple aged-related medical conditions and/or requires diagnosis of cognitive changes which have progressed beyond early stages.</p> <p><input type="checkbox"/> <b>Movement Disorders Program</b> Client has a diagnosis of Parkinson's Disease or Parkinsonian Disorder and requires multidisciplinary strategy training and/or review by Neurologist and/or Clinical Nurse Consultant.</p> <p><input type="checkbox"/> <b>Ambulatory Pain Management Service</b> Client is ready to participate in active self-management of chronic non-malignant pain including medication management and allied health programs. Active TAC or WorkCover clients are ineligible. Client is aware that attendance at group Service Orientation Session is required in most cases in order to access the service.</p> <p><input type="checkbox"/> <b>Rehabilitation Medicine</b> Rehabilitation Medicine is the medical specialty concerned with the diagnosis, evaluation and treatment of patients with limited function as a consequence of disease, injury, impairment and/or disability.</p>
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<b>Chronic Disease Management</b>	<b>Intensive Home-Based Evaluation and Management</b>																								
<p><input type="checkbox"/> <b>HARP (Hospital Risk Program)</b> Client has a chronic health condition and/or psychosocial complexity and requires care coordination to prevent hosp. presentation. Client or carer has potential to manage health condition</p>	<p><input type="checkbox"/> <b>Rapid Outreach Response (ROR)</b> Medium-term intervention. Rapid response for older persons with high level complex social or</p>																								

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**Cardiac rehabilitation**

To assist people with cardiac conditions to return to an active and fulfilling life.

**Heart Failure rehabilitation**

To assist people with heart failure improve their knowledge and level of functions

**Pulmonary rehabilitation**

To improve the strength and exercise tolerance of people suffering from a chronic respiratory conditions

**Oncology Rehabilitation**

To assist people with a primary diagnosis of cancer achieve their maximum level of function

functional issues.

Development of relationship with the older person to enable acceptance of required interventions and assistance.

Completion of an urgent ACAS assessment.