

## Ambulatory care and community services referral form

Address:	 	

Type or write legibly in black pen

Date of Birth:	1	/	Sex:	M / 1
Affix	Hospital ID Labe	I If Available -	- Internal use	Э

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 or phone 9955 7501

## Referral to Rehabilitation Groups-Cardiac, Heart Failure, Pulmonary and Oncology- refer to Community Access unit- phone 98811100

UR Number: Surname:

Given Name:

Fax form to 98811102 or email to sacs.integratedcare@easternhealth.org.au

Referrer's name:			Designation:		
Location/Organisation:					
Email:	Phone No:				
Referral Date:			Est. Discharge	e Date:	
I	F	Reason for Refe	ral		
Presenting problem of	or diagnosis and the imp	act on the client?	What does the	client nee	ed?
0		Client Informatio	on		
Surname:		Given Name:			
Sex:	Male Female Other	D.O.B:	1	/ Co	nfirmed Y N
Mobile Number:		Phone			
	Number:				
	Medicare Number:(_)				
Is this a claim for:	TAC 🗌 VWA 🗌	DVA 🗌 Refe	rence No.:		
Does the client have an NDIS-Approved plan? Yes No					
Does client identify as being of ATSI origin? Yes No					
If yes: does the client agree to a referral to Eastern Health Aboriginal Services? Yes No					
If unknown: Question unable to be asked a or Client refused to answer					
Does the client         No advance care directive         Presence of an advance care directive					
have? Presence of a medical treatment decision maker Presence of both an advance care directive alert and a medical treatment decision					
maker					
Interpreter	terpreter Yes No If yes, preferred language:				
required:					
Client's Country of Birth:					
Client's living arrange	Client's living arrangement: With family With Others Alone				



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Usual accommodation:		t Aged Care Residential SRS
Client's usual address:		
Client's temporary address: (or NA		

Client information (continued)							
Name of care	r(s) or NOk	κ:					
Carer(s)/NOK No:	Carer(s)/NOK Phone Ph. Mobile.						
To make an a	To make an appointment contact: Client Client or Carer(s)/NOK						
Carer(s) / NO availability	К	Yes 🗌	No 🗌	Carer reside	ency status	Co-Resident	Non-resident
GP Name:					GP Phone:		
GP Address:							
			Ν	edical Inform	ation		
Infection Risk: Weight-bearing Status: (i) Additional Medical History: Attached [] (ii) Additional Current Medications: Attached [] Social and Community							
Include current community services and relevant social situation. Does the client have a Home Care Package? Yes							
Other concurrent referrals:							
Client risks:       Falls       Pressure Care       Medication       Allergies       Living/Carer Situation         Cognition       Malnutrition       Likely to present to hospital       Nil identified         Other       :							
Strategies to manage risk:							
Staff risks:       Violence       Behaviour       Home Visit risk       Drug & Alcohol       Hoarding         Squalor       Nil identified       Other:							
Client is aware of referral and consents to receive requested service(s):							
If no, provide details							
Client consen	Client consents to sharing of relevant information as required Yes No				No 🗌		

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	Eastern Health	Surname:	
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240	Client consents to receive information electronically	(including SMS) Yes No	
	Client signature (if appropriate)		
-	Referrer's signature		
	Date: / /		

Rehabilitation	Specialist Clinics		
Client has experienced a change in function due to a recent acute medical/health event and requires goal-directed rehabilitation.	Client requires assessment and management by geriatrician and/or physio and/or nursing to address incontinence. Must be over 16 years old.		
Indicate profession(s) requested (req).	☐ Falls and Balance Clinic		
Discharge (DC) Summary is required and should be attached.	Client requires geriatrician PLUS physiotherapy & occupational therapy assessment to determine cause of falls/poor balance and to recommend falls prevention strategies.		
Req.     DC sum.       Occupational Therapy	CDAMS Cognitive Dementia and Memory Service		
<ul> <li>If physio-only is required within 7days of discharge to prevent hospital readmission, contact Post Acute Care</li> </ul>	Client requires comprehensive multidisciplinary assessment to determine new diagnosis of possible/early dementia or related conditions.		
(PAC). Neuropsychology	Complex Care Clinic Client requires geriatrician assessment of multiple aged-related medical conditions and/or requires diagnosis of cognitive changes which have progressed beyond early stages.		
Speech Pathology	Client has a diagnosis of Parkinson's Disease or Parkinsonian		
Client would benefit from therapy in the following setting:	Disorder and requires multidisciplinary strategy training and/or review by Neurologist and/or Clinical Nurse Consultant.		
Centre-based	Ambulatory Pain Management Service		
Home-based	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.		
Focal Spasticity Management Clinic Provides comprehensive medical assessment and recommendations regarding the management of focal spasticity. Follow-up allied health interventions are not organised in the clinic.	Client is aware that attendance at group Service Orientation Session is required in most cases in order to access the service. Rehabilitation Medicine 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.		
Chronic Disease Management	Intensive Home-Based Evaluation and Management		
HARP (Hospital Risk Program) 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	Rapid Outreach Response (ROR)  Medium-term intervention.		
	Rapid response for older persons with high level complex social or		

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Cardiac rehabilitation	functional issues.			
To assist people with cardiac conditions to return to an active a fulfilling life.	Development of relationship with the older person to enable acceptance of required interventions and assistance.			
Heart Failure rehabilitation				
To assist people with heart failure improve their knowledge and	Completion of an urgent ACAS assessment.			
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 the	eir			
maximum level of function				