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| **Patient details** |
| Diagnosis: |  |
| Current function and issues impacting: |  |
| Past Medical History: |  |
| Social History: |  |
| Home set up: |  |
| Previous level of function: |  |
| Primary Language:  |  | Interpreter required | Yes [ ]  No [ ]  |
| DVA Number:  |  N/A [ ]  |

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| Referrer’s name: |  | Location / Organisation: |  |
| Phone: |  |
| Designation: |  | Program and Ward:  |  |
| Discharge Date:  | 11/01/2024 N/A [ ]  | Discharge destination:  |  |
| **Reason for Referral** |
| Patient goals: |  |

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| **Patient contact details** |
| Preferred name:  |  | Best contact number: |  |
| Email address: |  |
| Consents to receiving texts? Yes [ ]  No [ ]  | Consents to receiving emails? Yes [ ]  No [ ]  |

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| **Next of kin contact details** |
| Name: |  | Phone number: |  |
| Email address: |  |

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| **Disciplines required** |  **Suggested number of sessions per week:** |
| Physiotherapy |  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| Occupational therapy |  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| Speech pathology |  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| Social work | Yes [ ]  | No [ ]  | Reason:  |
| Neuropsychology | Yes [ ]  | No [ ]  | Reason: Choose an item. |
| **Location of discipline specific handovers:**  |  [ ] CPF [ ]  EMR [ ]  attached to referral |

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| **Additional handover information** (*i.e., discharge concerns / major risks / psychosocial issues*): |
| [ ] house bound [ ]  24/7 supervision required [ ]  requiring assistance for pADLs [ ]  pressure care injury [ ]  risk of carer stress[ ]  Violence/aggression [ ]  drug and alcohol risk [ ]  hoarding [ ]  squalor |
| Other: |  | Strategies for mitigating risk: | [ ]  carer training completed [ ]  PAC services set up [ ]  home visit completed   |

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| ***To send a referral:***Email **SACS ESD Intake** (\*SACSESDIntake@easternhealth.org.au)**To be eligible for ESD,** the client must meet all of the following criteria**:**[ ]  Currently **admitted to an EH hospital** or **public relief** hospital [ ]  **Mild** (NIHSS 1-4)/(FIM >80) **or moderate** (NIHSS 5-15)/(FIM 40-80) severity stroke (severe stroke on discussion with team leader/ESD team)[ ]  **Spontaneous subarachnoid haemorrhage** (i.e. caused by AVM or aneurysm)[ ]  Medically **stable**[ ]  Reside **within the EH catchment** [ ]  Making **frequent rehab gains**[ ]  Have **clear rehab goals** that require **intensive input** and are achievable within a short time frame[ ]  Ability to **tolerate and commit** to an **intensive rehab** program[ ]  **Home environment safe** and set up on discharge[ ]  **Patient consents** to the program[ ]  Requires **input from PT, OT or SP** (**single discipline referrals** accepted for these disciplines only)[ ]  Patient able to **mobilise out of bed safely** ± family/carer assistance and ± equipment (e.g. sara steady)**Exclusion** criteria* **Subdural haemorrhage** and **traumatic SAH** or **intracranial haemorrhage**

**If any of the above criteria cannot be met, contact the ESD Team Leader before proceeding.** |