|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.** |