



**Early Supported Discharge  
Program: Referral Form**

UR Number:

Surname:

Given Name:

Address:

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Sex: M F

Affix Hospital ID Label If Available

Referrer's name:		Location / Organisation:	
Phone:			
Designation:		Program and Ward:	
Discharge Date:	N/A	Discharge destination:	

**Reason for Referral**

Patient goals:	
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**Patient details**

Diagnosis:			
Current function and issues impacting:			
Past Medical History:			
Social History:			
Can the client safely access the home?	Yes	No	Comments:
Previous level of function:			
Primary Language:		Interpreter required	Yes No
DVA Number:	N/A		

**Patient contact details**

Preferred name:		Best contact number:	
Email address:			
Consents to receiving texts? Yes No		Consents to receiving emails? Yes No	

**Next of kin contact details**

Name:		Phone number:	
Email address:			

Date:	Referrer Name:	Signature:
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<u>Disciplines required</u>	<u>Suggested number of sessions per week:</u>				
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:		
<b>Location of discipline specific handovers:</b>	CPF	EMR	attached to referral		

<u>Additional handover information</u> (i.e., discharge concerns / major risks / psychosocial issues):			
Housebound	24/7 supervision	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

**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:

- Have a diagnosis of **stroke** or **spontaneous subarachnoid haemorrhage** (i.e. caused by AVM or aneurysm)
- 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)
- 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/carers 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.**

Date: \_\_\_\_\_ Referrer Name: \_\_\_\_\_ Signature: \_\_\_\_\_