AlfredHealth

UR

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO SUB ACUTE SERVICES

Family Name*		Given Name*		Date of Birth*	

Thank you for your referral to the Sub Acute Services at Caulfield Hospital

- You will be advised of the waitlist outcome within three business days
- For Better at Home, complete Referral to Better at Home

Enquiries / Referral to: Caulfield.bed.access@cgmc.org.au **T (03) 9076 6422 F (03) 9076 6161**

Patient Details

*mandatory fields

Sex ☐ Female ☐ Male ☐ Other		Telephone			
Patient location at time of referral				Ward	
Medicare No		Ref No		Interpreter ☐ Yes	Language
Indigenous	☐ Yes, list			☐ No ☐ Not specified	

Cultural considerations / special needs				
Guardian / Power of Attorney	Name			
	Relationship		Telephone	
Contact Person	Name			
	Relationship		Telephone	
Appointed Medical Treatment Decision Maker (MTDM)	Name			
	Relationship		Telephone	

Referral

Referrers name		Designation	
Referral date		Telephone	
Subacute referral to	❑ Spinal ❑ Amputee ❑ Burns ❑ General ❑ Orthopaedic ❑ Neuro		
General Practitioner	Name	Telephone	
☐ No GP	Address		

History of presentation

Medical history *allergies / infection prevention status*

Is the patient medically stable? ☐ Yes ☐ No *List pending investigations +/- management issues*

Secure environment required ☐ Yes ☐ No

Social History

Living arrangements			
Home physical environment			
Case Manager Name ☐ No Case Manager		Telephone	

Date Created: Feb 2023
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Family Name*		Given Name*		Date of Birth*	

Functional Status		
FUNCTION	**PREMORBID**	**CURRENT**
Personal Care		
Continence		
Mobility / Aid		
Transfers		
Cognition		
Activities of Daily Living		
Medication Mx		
Behaviour		
Diet and Fluids *incl Enteral feeds*		
Skin Integrity *incl wounds, pressure injuries*		
Pain and Score		
Falls		
Communication		
Community ADL		

Current therapy endurance (*hours / day*)	

Does patient have any factors limiting participation in therapy ie. NWB? ☐ No ☐ Yes, *specify*

Goals for Sub Acute Admission

Expected discharge destination	

Documentation included with referral

☐ Diagnostics / Pathology ☐ Doctors Assessment

☐ Medication / Observations Chart ☐ Allied Health Assessments

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EMR: Assessments / Rehab Aged Care Consult Services

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