

## PATIENT DETAILS

Title \_\_\_\_\_ Surname \_\_\_\_\_ Ph/Mob. \_\_\_\_\_  
Given Names \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Medicare No. \_\_\_\_\_  CALD  ATSI  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Next of Kin \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. \_\_\_\_\_  
Referring Doctor \_\_\_\_\_ Ph. \_\_\_\_\_ GP \_\_\_\_\_ Ph. \_\_\_\_\_  
Specialist \_\_\_\_\_ Ph. \_\_\_\_\_ Specialty \_\_\_\_\_  
Hospital \_\_\_\_\_ Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ UR No. \_\_\_\_\_  
Ward \_\_\_\_\_ Inpatient Rehab Admission  Yes  No

## FUNDING

Health Fund \_\_\_\_\_ Membership No. \_\_\_\_\_ DRG \_\_\_\_\_ HT \_\_\_\_\_  
 Self Funded \_\_\_\_\_  DVA \_\_\_\_\_  Aged Care (HCP) \_\_\_\_\_  
 Hospital Funded \_\_\_\_\_ Visit No \_\_\_\_\_  Other \_\_\_\_\_  
 Workers Compensation/Third Party: Provider \_\_\_\_\_ Claim No. \_\_\_\_\_  
Case Manager \_\_\_\_\_ Ph. \_\_\_\_\_

## HEALTH DETAILS

Primary Diagnosis \_\_\_\_\_  
Surgical Procedure (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Co-morbidities \_\_\_\_\_  
Past History \_\_\_\_\_  
Allergies \_\_\_\_\_  
Infection control alerts:  Hep B or C  HIV  MRSA  VRE  Other MRO (specify) \_\_\_\_\_  Wound Swab pending

## SERVICES REQUIRED

HITH  Rehab - Joint  Rehab - No Gap Orthopaedics  Rehab - Other  Palliative Care  
 Chronic Disease  Aged Care  Other \_\_\_\_\_

## ISSUES REQUIRING MANAGEMENT

Medication \_\_\_\_\_  
 Wound \_\_\_\_\_  
 Pain \_\_\_\_\_  
 Cognitive \_\_\_\_\_  Behavioural \_\_\_\_\_  
 Other \_\_\_\_\_  Diabetes:  Type I  Type II  
 Continence \_\_\_\_\_  Mental Health \_\_\_\_\_  
 Falls Risk \_\_\_\_\_

## ATTACHMENTS

(where relevant)  Discharge Summary  Medication Authority  Scripts  Wound Chart  Allied Health Report  Advanced Directive

## ADDITIONAL INFORMATION

Preferred Physio Provider \_\_\_\_\_ Phone \_\_\_\_\_  
Subsequent Pharmacy \_\_\_\_\_ Commencement Date \_\_\_\_\_

Referrer Name \_\_\_\_\_ Email \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Ph. \_\_\_\_\_ Provider No. \_\_\_\_\_ Date \_\_\_\_\_