Rehabilitation Referral

Peninsula PRIVATE HOSPITAL by Healthscope

To: Dr David Eckerman, Rehabilitation Medicine Consultant Physician

Patient Details

Surname: **Given names:**

Address:

Suburb: **Postcode:** **Phone (H):** **Mobile:**

Sex: ☐ M ☐ F ☐ I ☐ Other: **Date of birth:** **Age:**

Aboriginal or Torres Strait Islander Origin: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Not stated

Medicare eligible: ☐ Yes ☐ No → **Card number:** **Ref:** **Expiry:**

Private Health Insurance: ☐ Yes ☐ No **Insurer:** **Ref #:**

☐ Work Cover ☐ Self-funded ☐ DVA **DVA or Insurance Claim No:**

Next of kin: **Next of kin contact number:**

Clinical Details

Diagnosis/Reason for referral:

☐ Inpatient ☐ Day Patient **Operation/Acute admission date:** **Expected rehab date:**

Surgeon/Specialist:

Medical history:

Current Functional Status

ADL's: ☐ Independent ☐ Supervision ☐ Min A ☐ Mod A ☐ Max A

Mobility: ☐ Independent ☐ Supervision ☐ Min A ☐ Mod A ☐ Max A

Weight bearing status:

Cognition: ☐ Alert ☐ Orientated ☐ Follows directions ☐ Confused ☐ Dementia

Medical Requirements: ☐ Oxvaen ☐ PEG or NGT ☐ Infectious ☐ VAC dressina ☐ Colostomy ☐ IV AB's

Bariatric, weight (kg): **Alerts:**

Other information:

Current Functional Status

Dr surname: **Dr given name:**

Referring facility:

Ward: **Bed:** **Dr or delegate signature:**

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