



**ST VINCENT'S
HOSPITAL**
MELBOURNE

**St. Vincent's
Health Independence
Program
Referral Form**

UR/Bradma label

Refer to *HIP Central* for the following HIP Services

- Cardiopulmonary Rehabilitation
- Community Rehabilitation Services
 - Oncology Rehabilitation Group
 - Movement Disorders (Parkinson's) Group
 - Back to Life Group (back pain)
- Complex Care Services (formerly HARP)
- Continence Clinic
- Falls and Balance Clinic
- Rehabilitation in the Home (RITH)

Tel: 1300 131 470 Fax: (03) 9231 2202

Email: HIPCcentralreferrals@svha.org.au

Please forward relevant discharge summaries and discipline handovers

Refer *direct* for the following HIP Services

Please call to discuss referral as required.

- Barbara Walker Centre for Pain Management
Tel: (03) 9231 4681 Fax: (03) 9231 4660
- Cognitive Dementia and Memory Service (CDAMS) and Geriatric Medical Specialist Clinic (medical referral required)
Tel: (03) 9231 8577 Fax: (03) 9231 8001
- OT Driver Assessor Clinic (Vic Roads Medical report for drivers required)
Tel: (03) 9231 8660 Fax: (03) 9231 8661
- Polio Services Victoria
Tel: (03) 9231 3900 Fax: (03) 9231 3808
- Young Adults Complex Disability Clinic
Tel: (03) 9231 4672 Fax: (03) 9231 3808

Client Name:

Referral Date:

DOB:

Sex:

Marital status:

Address:

Tel:

Mobile:

Country of Birth:

Interpreter required: Yes/No

Language:

Medicare number:

Pension number:

DVA Gold Card:

Next of Kin:

Relationship to client:

Contact number:

Referrer name and position:

Contact number:

Fax:

Email:

GP Name and Address:

Contact number:

Fax:



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Relevant Medical/Surgical History: (diagnosis, onset date, recent investigations)

Past Medical history:

Aims of intervention:

Intervention required : PT OT SP DIET SW Podiatry Care Coordination
Other:

If home based therapy requested, reason why?

Current Medication and Dosage:

Current Functional Status: (circle)

Cognition: Normal Minor Changes Confusion Other

(Detail)

Continence: Continent Incontinent Bladder - Bowel Independent with Aids

(Detail)

Communication: Normal Impaired

(Detail)

Mobility: Independent Assisted Unable Without Aid With Aid type

(Detail)

Self-Care: Independent Assisted

(Detail)

Social Issues:

(Detail)

Environmental Issues: OT Home Assessment Completed YES (attach report) NO

(Detail)

Are other Services Involved in Care? :

- | | |
|--|---|
| <input type="checkbox"/> ACAS | <input type="checkbox"/> Community services |
| <input type="checkbox"/> Post-Acute care | <input type="checkbox"/> Linkages |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Community Nursing |
| <input type="checkbox"/> Package: Level 1-2 Level 3-4 NDIS | <input type="checkbox"/> Other |

Case Manager : YES / NO Contact details:

****Please attach / forward all relevant discipline handovers at time of discharge****