



**ST VINCENT'S
HOSPITAL**
MELBOURNE

**St Vincent's
Subacute Ambulatory
Care Services (SACS)**

Referral Form

**Important - Please tick
appropriate box :**
I am making a referral to one SACS
service
I am making a referral to two or
more SACS services

Fitzroy Specialist Clinics
St Vincent's Hospital, Melbourne, Fitzroy 3065
Please choose from the following list:

St George's Hospital Specialist Clinics
St George's Campus, 283 Cotham Rd Kew 3101
Please choose from the following list:

Community Rehabilitation Services
Please choose the appropriate Community Rehabilitation
Centre or Service:

Other. Please choose from the following list:

*Denotes medical referral required. VicRoads Medical Report for Drivers
required for Driving Assessment Clinic.

Service Directory
Call to discuss referral as required. Please fax your referral to the
relevant service:

Barbara Walker Centre for Pain Management
Tel: 9231 4681 Fax: 9231 4660

Polio Services Victoria
Tel: 9231 3900 Fax: 9231 3808

Young Adults Complex Disability Clinic
Tel: 9231 4672 Fax: 9231 3808

St George's Hospital Specialist Clinics and Continence Clinics
Tel: 9231 8577 Fax: 9817 5325

St George's Hospital Community Rehabilitation Centre
Northcote Community Rehabilitation Centre
Rehabilitation in the Home (RITH)
Tel: 1300 131 470 Fax: 9231 8661

All Other Services Tel: 9231 8660 Fax: 9231 8661

Client Name	Suburb:	Postcode:
Address:	Tel:	Mobile:

Client DOB:	Sex:	Marital Status:
--------------------	-------------	------------------------

Is the client aware of referral? Yes No	Does the client consent to share this referral information between SACS, HARP & PAC (North Richmond Community Health) programs where necessary? Yes No
---	---

Temporary Address of Client & Contact Details (if different to above):

Contact Person for Appointments: (full name)	Relationship to Client:	Ph:
---	--------------------------------	------------

Next of Kin: (full name)	Relationship to Client:	Ph:
---------------------------------	--------------------------------	------------

Address:	Suburb:	Postcode:
-----------------	----------------	------------------

Carer Availability: No carer Co resident Carer Non-resident Carer Not Stated	Living Arrangement: Alone With family With others Not stated	Accommodation: Private (owned)/ Rental Hostel Supported Accommodation Other (specify)
---	---	--

Referrer Name:	Referral Date:	Expected discharge date: (if appropriate)
-----------------------	-----------------------	---

Position: Organisation:	Mandatory information for Medicare referrals:
Email address:	
Ph: Fax: Pager: Signature:	

GP Name & Address:	Medicare No:	Duration: 3 mths 6 mths 12 mths Indefinite
Ph: Fax:	Referrer's provider number:	Health Care Benefit Status: Disability Aged
Is GP aware of request? Yes No	Concession Card No: - - -	Other (specify):
Country of Birth:	Expiry date:	DVA Gold Card DVA White Card

Interpreter required: Yes No	Preferred Language:
-------------------------------------	----------------------------

REFERRAL - SACS - ST. VINCENT'S MELBOURNE





**ST VINCENT'S
HOSPITAL
MELBOURNE**

**St Vincent's
Subacute Ambulatory Care
Services (SACS)**

Referral Form

Name:	
Address:	
Suburb:	Postcode:
Ph:	Mob:

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

Past Medical History:

Aims of treatment:

Therapies required (where applicable): **PT** **OT** **SP** **DIET** **SW** **Podiatry** **Other:**

If home based therapy requested, reason why?

Current Medications & Dosage:

Current Functional Status:

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?:

ACAS	Council / HACC Services
Post Acute Care	MOW
Respite	Community Nursing / RDNS
Package: CACPS Linkages EACH	Other:
Other:	

Case Manager: Yes No Contact Details:

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