



# ST. VINCENT'S MELBOURNE

## AGED CARE AND COMMUNITY SERVICES REFERRAL

UR No.: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_  
 Please fill in if no Patient Label available

Select the relevant service from the list below and FAX referral (telephone to discuss urgent referrals)

### Aged Care Assessment Service (ACAS)

Please refer directly via My Aged Care

Phone: 1800 200 422

Website: www.myagedcare.gov.au

Aged Psychiatry Assessment and Treatment Team Fax: 9231 8503 Phone: 9231 8443

Community Rehabilitation Centres Fax: 9231 2202 Phone: 1300 131 470

*(Allied Health Outpatient Rehabilitation in Kew and Northcote, Rehabilitation in the Home, Cardiopulmonary Rehabilitation, Driving Assessment Clinic)*

Hospital Admission Risk Program (HARP) Fax: 9231 2787 Phone: 1300 131 470

*(Care coordination, advocacy and support for people who come to the Emergency Department with complex healthcare, chronic disease and social needs)*

Home-Based Allied Health Fax: 9231 8515 Phone: 9231 8529

Physiotherapy  Occupational Therapy  Speech Pathology  Podiatry  Dietetics

Polio Services Victoria Fax: 9231 2202 Phone: 9231 3900

Specialist Clinics Fax: 9231 2202 Phone: 9231 8577

*(Continence Clinic, Cognitive Dementia and Memory Clinic, Geriatric Medical Clinic, Falls and Balance Clinic - including vestibular issues, Pain Clinic for Older Persons)*

Young Adults Complex Disability Service Fax: 9231 3808 Phone: 9231 4672

### Referrer details

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

### General Practitioner (GP) details (if different to referrer)

Name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

### Patient details

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Interpreter required:  No  Yes, language: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Pension number: \_\_\_\_\_

### Contact person for this referral

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

AGED CARE AND COMMUNITY SERVICES REFERRAL - ST. VINCENT'S MELBOURNE



SV001082



**ST VINCENT'S HOSPITAL**  
MELBOURNE  
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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#### Current functional status

**Cognition**       Normal                       Minor changes                       Confusion  
 Other, please specify: \_\_\_\_\_

**Continence**       Continent                       Incontinent – bladder                       Incontinent – bowel

**Communication**       Normal                       Impaired

**Mobility**       Independent                       Assisted                       Dependent

**Self-care**       Independent                       Assisted

#### Living arrangements/Accommodation

**Carer availability**       No carer                       Co-resident carer                       Non-resident carer

**Living arrangement**       Alone                       With other

**Accommodation**       Private                       Residential aged care                       Supported accommodation

**Safety issues** (e.g. behaviour, aggression, house, manual handling, alcohol, drugs, firearms)

#### Reason for referral and current medical problems

Relevant diagnoses and duration:

Mental state:

**Urgency** (please call relevant service if this referral is urgent):

#### Past medical history

#### Current medications and dosage

#### Relevant investigations and results (please attach copies)

#### Other services/hospitals involved in patient's care