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:

--- PLEASE SELECT ---

St George's Hospital Specialist Clinics

St George's Campus, 283 Cotham Rd Kew 3101

Please choose from the following list:

--- PLEASE SELECT ---

Community Rehabilitation Services

Please choose the appropriate Community Rehabilitation Centre or Service:

--- PLEASE SELECT ---

Other. Please choose from the following list:

--- PLEASE SELECT ---

*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
Address:
Suburb: **Postcode:**
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:
Position: Organisation:
Email address:
Ph: Fax:
Pager: Signature:

Referral Date:

Expected discharge date: (if appropriate)

Mandatory information for Medicare referrals:

Medicare No: ☐☐☐☐ ☐☐☐☐☐ ☐/☐

Duration: ☐3 mths ☐6 mths ☐12 mths ☐Indefinite

Referrer's provider number:

GP Name & Address:

Ph: Fax:

Is GP aware of request? Yes ☐ No ☐

Health Care Benefit Status: ☐ Disability ☐ Aged
☐ Other (specify):
Concession Card No: ☐☐☐-☐☐☐-☐☐☐-☐
Expiry date:
☐ DVA Gold Card ☐ DVA White Card

Country of Birth:	Interpreter required: ☐ Yes ☐ No	Preferred Language:

REFERRAL - SACS - ST. VINCENT'S MELBOURNE

SV000873

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****