LAKEVIEW PRIVATE HOSPITAL

17-19 Solent Circuit
NORWEST 2153

PH: 8711 0247 Rehab Reception

Referral / Pre-Admission Assessment Form

Patient Name:

Date of Birth:

MRN:

Stick patient label here

TO BE COMPLETED BY THE REFERRING HOSPITAL
Further details may be required on preadmission assessment. Nurse Unit Manager will assess suitability of proposed admission. If patient meets our admission criteria you will be contacted regarding bed availability.

PLEASE FAX TO ADMISSIONS CLERK
8711 0255

REFERRAL DATE:	REFERRING DOCTOR:	REQUESTED ADMISSION DATE:
REFERRING HOSPITAL:	CONTACT NAME:	CONTACT NUMBER:

SECTION 1 PATIENT DETAILS

Surname		Given Names				
Title	Mr Mrs Ms Other	Date of Birth		Age		Sex M / F
Address						
Suburb	State			Postcode		
Ph (H)	Ph (W)		Ph (M)			
Marital Status	S M W D Sep					
Aboriginal Torres Strait Islander	Both Neither	Pension No.				
Medicare No.	Exp:	Veterans No.	White Gold			
Language at Home		Health Fund				
Country of Birth		Health Fund No.				
Next of Kin		GP (Family Doctor)				
Relationship		GP Address				
Contact No.						
Address						

SECTION 2 FOR WORKERS COMPENSATION AND THIRD PARTY CLAIMS ONLY

Date of Accident	/ /	Claim No.
Insurance Company	Phone:	
Contact person	Email:	

SECTION 3 MEDICAL HISTORY

Reason for rehabilitation admission:	
Past medical history:	

SECTION 4 CLINICAL DETAILS

Is patient receiving treatment for: ☐ Renal dialysis ☐ Radiotherapy ☐ Chemotherapy ☐ Other:

Type of Accommodation	☐ Home/ unit	☐ Retirement village	☐ Low level care	☐ High level care
Premorbid ADL Status	☐ Independent	☐ Assist	**Mobility** ☐ Independent	☐ With aids
Current Mental Status	☐ Alert	☐ Confused	☐ Agitated	☐ Depressed
Current Mobility Status	☐ Independent	☐ Walking Aid	☐ Assist	☐ Wheelchair
Current Transfers	☐ Independent	☐ Supervised	☐ Assist	☐ Lifter
Current Self Care Status	☐ Independent	☐ Supervised	☐ Assist	☐ Lifter
Current Continence Status	☐ Continence	☐ Incontinent of Urine	☐ Doubly Incontinent	☐ Incontinent of Faeces
Weight bearing Status	☐ Full Weight Bear	☐ Partial Weight Bear	☐ Touch Weight Bear	☐ Non Weight Bear
Swallowing intact	☐ Yes		☐ No	
Diet	☐ Normal	☐ Diabetic	☐ Other	
Height:	cm		Weight:	Kg