17-19 Solent Circuit Norwest NSW 2153
Ph: 02 8711 0247 (Rehabilitation Ward)

LAKEVIEW PRIVATE HOSPITAL

IN-PATIENT REHABILITATION REFERRAL FORM

PATIENT NAME:

DOB:

PLEASE FAX COMPLETED FORM TO 02 8711 0255 OR EMAIL TO rehab@lakeviewprivate.com.au

REQUESTED ADMISSION DATE:		REFERRAL DATE:	
REFERRING DOCTOR:		REFERRING HOSP:	
CONTACT NAME:		CONTACT NO:	

SECTION 1: PATIENT DETAILS

SURNAME:		GIVEN NAMES:			
TITLE:	☐ Mr ☐ Mrs ☐ Ms ☐ Other:	DATE OF BIRTH:		SEX:	M / F
ADDRESS:					
PHONE (Mobile):		EMAIL:			
PHONE (Home):					
RELIGION:		MARITAL STATUS:	☐ S ☐ M ☐ W ☐ D ☐ Other		
INDIGENOUS STATUS:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander ☐ Neither ☐ Decline to Answer				
LANGUAGE AT HOME:		COUNTRY OF BIRTH:			
HEALTH FUND:		MEMBERSHIP NO:			
MEDICARE NO:	Exp:	VETERANS NO:	☐ White ☐Gold		
NDIS PARTICIPANT?	☐ YES ☐ NO	PENSION NO:			
NEXT OF KIN:		RELATIONSHIP:			
CONTACT NO:		ADDRESS:			
GP (Family Dr):		GP CONTACT NO:			
GP ADDRESS:					

SECTION 2: FOR WORKERS COMPENSATION AND THIRD-PARTY CLAIMS ONLY

DATE OF ACCIDENT:		CLAIM NO:	
INSURANCE CO:		PHONE:	
CONTACT:		EMAIL:	

SECTION 3: MEDICAL HISTORY

REASON FOR REHABILITATION ADMISSION:	
ALLERGIES & REACTIONS:	
PAST MEDICAL HISTORY:	

SECTION 4: CLINICAL DETAILS

Current Treatments	☐ Renal Dialysis ☐ Radiotherapy/ Chemotherapy ☐ Cytotoxic Medication ☐ Oxygen Therapy ☐ PICC Line/ IVT			
Infectious Status	☐ MRSA ☐ VRE ☐ ESBL ☐ CPE ☐ COVID-19 date:		☐Other	
Falls Risk	No. of falls in current admission:			
Skin Integrity	☐ Intact	☐ Wound *specify*	☐ Pressure area *specify*	
Social History	☐ Lives Alone	☐ Lives with:	☐ Has existing homecare/ ACAT package	
Type of Accommodation	☐ Home/ Unit	☐ Retirement Village	☐ Respite	☐ High/ Low Care
Premorbid ADL Status	☐ Independent	☐ Assist		
Premorbid Mobility Statis	☐ Independent	☐ With Aids *specify:*		
Current Mental Status	☐ Alert	☐ Confused/ Dementia/ Delirium	☐ Agitated	☐ Wanderer
Current Mobility Status	☐ Independent	☐ With Aids *specify:*	☐ Assist	☐ Wheelchair
Current Transfers	☐ Independent	☐ Supervised	☐ Assist	☐ Lifter/ Hoist
Current Self-Care Status	☐ Independent	☐ Supervised	☐ Assist	☐ Lifter/ Hoist
Current Continence Status	☐ Continent	☐ Incontinent of Urine	☐ IDC	☐ SPC
	☐ Doubly Incontinent	☐ Incontinent of Faeces	☐ Colostomy	☐ Pull up pads/ night pants
Weight Bearing Status	☐ Full WB	☐ Partial WB	☐ Touch WB	☐ Non-WB
Swallowing Intact	☐ Yes	☐ No ☐ NGT	☐ PEG	☐ TPN
Diet	☐ Normal	☐ Diabetic ☐ Other:		
Height:	cm	**Weight**: kg	**BMI:**	

IN-PATIENT REHAB REFERRAL

* BARCODE 1 *