☐ (please tick)
For Inpatient Rehabilitation
fax to 02 9553 3112

☐ (please tick)
For Day Rehabilitation Unit
fax to 02 9553 3109

CALVARY REHABILITATION REFERRAL FORM

Calvary Health Care Sydney

(Please complete or affix Addressograph Label here)
MRN _____ DOB _____
Surname _____
Given Names _____
Residential Address _____
_____
Contact Number _____

Referral Date: _____ **Referrers Name :** _____ **Designation:** _____

Signature: _____ **Contact Number:** _____ **Location:** _____

Anticipated Date for admission: _____ **Present Location:** _____

Next of Kin: _____ **Relationship:** _____ **Phone Number:** _____

Chief Impairment / Operation:

Co-Morbidities:

Usually resides with:

Language Spoken:

Continence Status:

Dietary Needs:

Diabetes Yes / No **Allergies** Yes / No

Usual Residence:
Private house ☐
Unit/flat ☐
Retirement village ☐
Nursing home ☐
Hostel ☐

Access:
Steps/Stairs Front ____ rail___
Internal ____rail___
Rear ____ rail___
Lift ☐

Premorbid status

Mobility: _____ **Aid:** _____ **Falls History:** _____

Personal care: Independent ☐ Supervision ☐ Assistance ☐

Services other assistance:

Cognitive Status: **Normal ☐** **Chronic Confusion:** **Mild ☐** **Moderate ☐** **Severe ☐** **MMSE** _____**(if pt >65 or confused)**

Infectious status: **MRSA** Yes / No **VRE** Yes / No **Other:** _____

Current Mobility Status:

Transfers/Sit to Stand	**Independent ☐**	**Supervision ☐**	**Assistance ☐**	**Hoist ☐**
Bed Mobility:	**Independent ☐**	**Supervision ☐**	**Assistance ☐**	**Hoist ☐**
Ambulation:	**Independent ☐**	**Supervision ☐**	**Assistance ☐**	

FASF ☐ **PUF ☐** **Crutches ☐** **Stick(s) ☐**

Weight Bearing Status: **Wheelchair Use:** Yes / No **Describe W/C Needs:**

Other Relevant Information:

Additional information required for DRU admission: **Transport Required:** Yes / No (pending availability)

Assistance required to transport from home/DRU to bus: Yes/No

General Practitioner: Address: Telephone no:
Facsimile no:

Suitable for Hydrotherapy: Yes / No

For enquires please contact:

Ruth Smoother	Clinical Nurse Consultant for inpatient rehabilitation:	**0411 271 145**
Jeremy Horne	Senior physio for Day rehabilitation Unit:	**02 9553 3023**
Rehabilitation Registrar	Inpatient Rehabilitation Unit:	**0434 367 397**
Dr Martin Kennedy	Medical Director:	**0418 643 660**

CALVARY HEALTH CARE SYDNEY DO NOT WRITE

CALVARY HEALTH CARE SYDNEY REHABILITATION UNIT REFERRAL FORM