



Calvary

Health Care Adelaide

AMBULATORY PATIENT REFERRAL FORM

Unit Record Number _____

Family Name _____

Given Names _____

Address _____

Phone No. _____

Date of Birth

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 Age

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Sex

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 Room No. _____ **OR USE LABEL**

Ph: 08 8227 6796 Email: SA-CAH-AmbulatoryRehab@calvarycare.org.au www.calvaryadelaide.org.au PLEASE SEND ALL REFERRALS VIA EMAIL ONLY

Date of Referral: _____ Source of Referral: _____

Relevant Diagnosis/Referral Reason: _____

General Practitioner: _____ Contact Number: _____

Referring Specialist: _____ Contact Number: _____

Claim Number (tick applicable) Workcover 3rd Party NDIS: _____

Expected Discharge Date: _____ Length of Inpatient Stay (if applicable): _____

Service Type: Day Patient 3rd Party Insurance Workcover Ancillary (Extras Cover, Medicare etc)
 NDIS Plan Managed NDIS Self Managed

Plan Provider / Case Manager _____

A Doctor referral is required (exempt NDIS & Ancillary). Please complete Program/Therapies required below. Please attach medical summary/discharge letter.

Day Patient Program Referral (Referral Required)

Orthopaedic Rehabilitation Program (5 week program - physiotherapy and hydrotherapy)

Neurological Rehabilitation Program

Disciplines for neurological program Occupational Therapy Physiotherapy Dietetics
 Speech Therapy Psychology
 Hydrotherapy: Risk (tick applicable) High Med Low

Cardiac Rehabilitation Program (multidisciplinary program - twice weekly)

Pulmonary Rehabilitation Program (multidisciplinary program - twice weekly)

Reconditioning Oncology Program (multidisciplinary program - twice weekly)

Breast Cancer Reconditioning Program (multidisciplinary program - twice weekly)

Tailored Multidisciplinary Programs

Occupational Therapy Physiotherapy Dietetics Speech Therapy Psychology
 Hydrotherapy: Risk (tick applicable) High Med Low

DOCTORS SIGNATURE: (required for day patient programs)

Additional Information

OFFICE USE ONLY

Health Fund Details for Ambulatory Day Patient Programs: Day Patient Program Coordinator to complete

Health Fund:	Member No:	Schedule:
Date Joined:	Date Paid to:	Date of confirmation:
No of Sessions:	Minimum no of therapies:	Signature:

T/L to ensure Doctor signs form at case conference and indicates program

Therapist to discuss with patient

Therapist to complete form and scan to ambulatory mailbox and file

File created Advised of DNA policy Patient allocated on IPM Appointments booked on IPM

For further information and fillable referral forms see: www.calvaryadelaide.org.au

<p style="text-align: center;">Orthopaedic Program</p> <p>The program consists of physiotherapy and hydrotherapy and assists people following surgery including total hip or knee replacements, fractured neck of femur or spinal surgery.</p>	<p style="text-align: center;">Neurological Program</p> <p>The program assists people after a stroke or neurosurgery, or experiencing a functional decline associated with other neurological conditions such as Multiple Sclerosis, Guillian-Bare or Parkinson's Disease. These may be offered 1-on-1 or in a circuit group program.</p>
<p style="text-align: center;">Cardiac Rehabilitation Program</p> <p>The program is designed to optimise healthy behaviours to limit the physical and emotional impact of cardiac disease, control cardiac symptoms and reduce the risk of further cardiac events. It consists of individualised aerobic and resistance training. Lifestyle modification education and support is provided.</p>	<p style="text-align: center;">Reconditioning Oncology Program</p> <p>The program assists people undergoing treatment for cancer to improve their functional ability and quality of life through a program of exercise, education, social support and meditation.</p>
<p style="text-align: center;">Breast Cancer Reconditioning Program</p> <p>The program is designed for women who are undertaking adjuvant chemotherapy for breast cancer, but is also suitable for other women with breast cancer. It consists of moderate to vigorous intensity aerobic exercise, resistance training, stretching and meditation.</p>	<p style="text-align: center;">Pulmonary Rehabilitation Program</p> <p>The program is designed to assist people with lung conditions to improve quality of life by promoting self-management, reducing breathlessness and improving exercise tolerance. Maintenance exercise groups are available after completion of program for some health funds.</p>
<p style="text-align: center;">Tailored Multidisciplinary Programs</p> <p>Disciplines available include: Physiotherapy, Hydrotherapy, Occupational Therapy, Speech Pathology, Psychology, Dietetics, Pulmonary, Diabetes Educator and Nurse Practitioner. These may be offered 1-on-1 or in a group program.</p>	
<p style="text-align: center;">Driving Assessment & Rehabilitation Service</p> <p>This specialist driving clinic is available at Calvary Adelaide Hospital including a Rehabilitation Specialist to review medical fitness to drive and Occupational Therapy driving assessments if required. Please see website for referral form or phone 08 8227 6798.</p>	