LAKEVIEW PRIVATE HOSPITAL

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

IN-PATIENT REHABILITATION

$D\Lambda$	LIEN.	T N I A	ME

REF	ERR	RAL FORM			DOB:						
PLEASE FAX COMPLETED FORM TO 02 8711 0255 OR EMAIL TO rehab@lakeviewprivate.com.au											
REQUESTED ADMISSION DATE:				REFERRAL	DATE:						
REFERRING				REFERRING							
DOCTOR:				HOSP:							
CONTACT NAME:				CONTACT N							
SECTION 1: PATIENT DETAILS											
SURNAME:				GIVEN NAM			T	T			
TITLE:	☐ Mr	□ Mrs □ Ms □	Other:	DATE OF BI	RTH:		SEX:	M / F			
ADDRESS: PHONE (Mobile):				1	1						
PHONE (Mobile).				EMAIL:							
,				MARITAL							
RELIGION:				STATUS:		\square S \square M \square W	☐ D ☐ Other				
INDIGENOUS		minimal D Tamas (Man: 4 Inlama		۸ ام مینمینی ما ۱	Tamas Chait Islandan	□ Naithar □ Daali	in a ta Amarria			
STATUS:	☐ Abo	riginai 🗀 Forres S	strait Island			& Torres Strait Islander	☐ Neitner ☐ Deci	ne to Answer	-		
LANGUAGE AT HOME:	LANGUAGE AT HOME:			COUNTRY	OF						
E/11/00/10E / (1 110ME.				BIRTH:							
HEALTH FUND:				MEMBERS	HIP						
MEDICARE NO:			Ехр:	NO: VETERANS	S NO:			☐ White	□Gold		
NDIS PARTICIPANT?	☐ YES		_λμ.	PENSION N				□ Wille	ШООІИ		
NEXT OF KIN:	<u> </u>	<u> </u>		RELATION							
CONTACT NO:				ADDRESS:							
CD (Family Dr):				GP CONTA	CT						
GP (Family Dr):				NO:							
GP ADDRESS:											
	SECTI	ON 2: FOR WO	RKERS	,		ND THIRD-PARTY (CLAIMS ONLY				
DATE OF ACCIDENT:				CLAIM NO:							
INSURANCE CO:				PHONE:							
CONTACT:				EMAIL:							
			SECT	TION 3: ME	DICAL H	ISTORY					
REASON FOR REHABILI	TATION										
ADMISSION:											
ALLERGIES & REACTION	NS:										
PAST MEDICAL HISTOR	v.										
PAST WEDICAL HISTOR	Ι.										
			SECT	TION 4: CLI	NICAL D	ETAILS					
		☐ Renal Dialysis				ytotoxic Medication					
Current Treatments		☐ Oxygen Therapy			0.up) = 0	ytotoxio modication					
Infectious Status		☐ MRSA ☐ VRE		□ CPE □ COV	ID-19 date:	□Other					
Falls Risk		No. of falls in current									
Skin Integrity			Wound spe	•		☐ Pressure area specify					
Social History			Lives with:			☐ Has existing homecar					
Type of Accommodation		☐ Home/ Unit		ement Village		☐ Respite	☐ High/ Low Ca	re			
Premorbid ADL Status		□ Independent	☐ Assis								
Premorbid Mobility Statis		☐ Independent		Aids specify:	D. P.C.	D Asitatad	D.W I				
Current Mental Status		□ Alert		used/ Dementia/	Delirium	☐ Agitated	□ Wanderer				
Current Mobility Status Current Transfers		☐ Independent☐ Independent☐	☐ Supe	Aids specify:		☐ Assist ☐ Assist	☐ Wheelchair ☐ Lifter/ Hoist				
Current Transfers Current Self-Care Status		☐ Independent	☐ Supe			☐ Assist	☐ Lifter/ Hoist				
Current Seir-Care Status		☐ Continent		tinent of Urine		☐ IDC	□ SPC				
Current Continence Status		☐ Doubly						alalatic t			
		Incontinent	⊔ Incon	tinent of Faeces	5	☐ Colostomy	☐ Pull up pads/	nignt pants			
Weight Bearing Status		☐ Full WB	☐ Partia			☐ Touch WB	☐ Non-WB				
Swallowing Intact		☐ Yes	□ No	□NG		□ PEG	☐ TPN				
Diet		☐ Normal	☐ Diabe			T 5141					
Height:		cm	Weight:		kg	BMI:					