

The Memorial Hospital

Sir Edwin Smith Avenue, North Adelaide SA 5006

Phone: 08 8366 3717

Fax: 08 8366 3421

Name: MRN:

DOB: Gender:

Acute Admission Date:

Health Fund Name: No.:

Patient Details

Inpatient Rehabilitation Referral

Health Fund Name: No:

Current Admission Date:

Diagnosis:

Medical History:

Social Situation:

GP Name: Phone:

Next of Kin Name: Phone:

CURRENT FUNCTIONAL STATUS:

Self Care: Independent Assist 1 Assist 2 Dependent

Mobility: Independent Assist 1 Assist 2 Dependent NWB

Transfers: Independent Assist 1 Assist 2 Dependent

Equipment:

Cognition: Orientated Disorientated Mini Mental Score

Communication: No Problems Some Problems Severe Problems

Urinary: Continent Incontinent Aids

Bowels: Continent Incontinent Aids

Diet: Normal Minced Soft Vitamised Tube Feeding

ACAT Assessment: Yes No Required

Date of Referral: Time:

Name of Doctor Making Referral:

Funding Checked Patient Assessed ACCEPT Program:

DECLINE REASON: Referring hospital notified of outcome assessment

ADMISSION DATE: TIME: ROOM No:

REFERRAL TAKEN BY:

BINDING MARGIN - DO NOT WRITE IN THIS AREA