



ATTENTION: Dr or Admitting Doctor

1. PATIENT DETAILS

Patient's Name: Title: [] Ms [] Mrs [] Mr [] Other
DOB:/...../..... Age: Gender: [] Male [] Female [] Intersex [] Other [] Not stated
Marital Status: [] M [] S [] W [] D
Indigenous Status: [] Aboriginal [] Torres Strait Islander [] Neither [] Not stated
Address:
Telephone: Religion:..... Country of Birth:.....
Person for notification: Relationship to patient:.....
Address:
Telephone: Mobile:
GP: GP Telephone:.....

2. REFERRAL DETAILS

Date of Referral:/...../..... Referring from: [] Home [] Hospital: Ward:
Date of Original Hospital Admission:/...../..... Telephone:.....
Referring Specialist: Provider No.:
SIGNATURE:..... DATE:/...../.....
EXPECTED DATE OF ADMISSION TO REHAB:/...../..... Previous Patient at MetroRehab: [] Yes [] No

3. FUND DETAILS

Medicare No: - Expiry Date:/...../..... Pension No:
Private Health Fund: Membership No:
Is this injury the result of an insurable accident? [] Yes [] No
WC/CTP Insurance Company: Claim No:.....
Case Manager: Telephone: Fax:

4. CLINICAL DETAILS

Diagnosis/Operation: Op Date:/...../.....
Relevant Medical History:.....
Current Medications:
Allergies: Nil known: []
Medical: [] O2 Gastro Symptoms: [] Yes [] No Flu Symptoms: [] Yes [] No
Multi Resistant Organisms: [] Nil [] VRE [] MRSA [] ESBL Site:
Cognitive Status: [] Alert [] Orientated [] Cooperative [] Dementia
[] Delirium [] Night Confusion [] Confused [] Impulsive Behaviour
Mobility/Transfers: [] Independent [] Assist person(s) min/mod/max Aid:
[] Hoist
Weight Bearing Status: [] FWB / WBAT [] PWB [] TWB [] NWB (for more weeks)
ADL's: [] Independent [] Supervision [] Min Assist [] Mod Assist [] Full Assist
Continence: [] Continent [] Incontinent Bowels [] Incontinent Bladder
[] IDC [] SPC [] Colostomy/Ileostomy
Nutrition: [] Diabetic [] PEG Diet: Supplements:
Fluids: [] Thin [] Mildly thick [] Mod thick [] Fully thick
Skin Integrity: Pressure area/Grade: Location: Dressing:
Wound: [] Yes [] No Location: Dressing:
Weight:.....kgs Specialised Equipment Required:

BINDING MARGIN — DO NOT WRITE

INPATIENT REFERRAL FORM

FM Pat NSG-01 (09.20)