UnitingCare

The Wesley HOSPITAL
Caring for you for life

Inpatient Rehabilitation Referral Request

Family Name: _____ MR/UR: _____
Given names: _____
Address: _____
Postcode: _____ DOB: _____
Doctor: _____

(or place Patient Identification Label here)

Health Fund _____ **Health Fund No.** _____

REFERRAL TO: DR _____ **GENERAL PRACTITIONER** _____

DATE OF REFERRAL _____ **DIAGNOSIS** _____

DOCTOR REFERRING _____ _____

ALLERGIES: _____

RELEVANT MEDICAL ISSUES: _____

_____

_____

PREVIOUS FUNCTIONAL STATUS:

Social Situation: ☐ Lives alone ☐ Carer ☐ Care Facility ☐ Low Care ☐ High Care ☐ Other: _____

Cognition: ☐ Alert ☐ Confusion ☐ Short Term Memory Loss ☐ Depression

Communication: ☐ Normal ☐ Other: _____ **Swallow:** ☐ Normal ☐ Impaired

Diet: ☐ Normal ☐ Soft ☐ Minced ☐ Pureed

Fluids: ☐ Normal ☐ Mildly thick ☐ Moderately thick ☐ Extremely thick

LEVEL OF DEPENDENCE

	2 person	1 person	Supervise / Setup	Independent	Equipment / Aid	Comment
Transfers						
Toileting						
Showering						
Dressing						
Mobility						
Eating						
Continence						

GENERAL COMMENTS / SPECIAL NEEDS: _____

_____

_____

_____

DISCHARGE TO: _____ **TRANSPORT:** ☐ QAS Other: _____

HEALTH PROFESSIONAL COMPLETING REFERRAL: _____ **DATE:** ____/____/____

SIGNATURE: _____ **CONTACT NO.** _____

THE WESLEY HOSPITAL
351 Coronation Drive, Auchenflower QLD 4066. PO Box 499 Toowong QLD 4066
Email referral to inpatient rehabilitation Clinical Nurse Manager (CNM) (Annette.Will@uchealth.com.au) and the rehabilitation ward email (TWH.ward1M@uchealth.com.au).