



Beleura Private Hospital  
Part of Ramsay Health Care

# Rehabilitation Assessment Service Referral Form

URN: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex:  M  F  
*(Affix Patient Identification label here, if available)*

Acute admission doctor: \_\_\_\_\_ Provider No.: \_\_\_\_\_  
Signature: \_\_\_\_\_

### REFERRAL DETAILS

INPATIENT – Rehab.BEL@ramsayhealth.com.au  Outpatient.BEL@ramsayhealth.com.au  
Referrer Name/Designation: \_\_\_\_\_  
Does patient require 24hr nursing care?  Yes  No  
Referral Date: / / Date ready for admission: / /  
Patient Location: \_\_\_\_\_ Ward: \_\_\_\_\_ Phone: \_\_\_\_\_  
Private Health Fund/Number: \_\_\_\_\_  
 Workers Comp  TAC Claim number: \_\_\_\_\_

### PATIENT DETAILS

Diagnosis / Date of admission  
Relevant Past Medical History  
Allergies  
Social Situation / Discharge destination

### CURRENT MOBILITY STATUS, LEVEL OF DEPENDENCE, ADLS

**Mobility**  Assist  S/V  Indep.  Walking Aid (Type): \_\_\_\_\_ Distance: \_\_\_\_\_ m  
**Transfers**  Standing Hoist  Assist  S/V  Indep.  
**Weight bearing**  Full  Non  Touch  Partial Date of next Review of WB Status: / /  
**Cognition** Impairment:  Yes  No Comment: \_\_\_\_\_  
**Falls Risk**  Yes  No No. falls in last 6 months: \_\_\_\_\_  
**Continence** Bladder:  Yes  No  IDC  SPC  
Bowel:  Yes  No  
**Wound**  No  Yes Specify: \_\_\_\_\_  
**Diet / Fluids**

### REHABILITATION PLAN & GOALS

Patient willingness and ability to comply with program?  YES  NO  
 Orthopaedic  Spinal  pulmonary  Recon  Pain  musculoskeletal  Cardiac  Neuro  
Rehab Goals: \_\_\_\_\_

ASSESSMENT BY RAS: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACCEPTED BY VMO: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send a copy of 1) Recent progress and admission notes 2) Medication charts 3) Recent pathology results/scans and 4) ECG + any other information you feel is relevant to the referral.

BINDING MARGIN - DO NOT WRITE

REHABILITATION ASSESSMENT SERVICES REFERRAL FORM

MR XXX