



Queensland Government

Referral to Acute/Sub Acute Rehabilitation and GEM

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Email completed referral to TSV-Rehab-Referrals

Incomplete referrals will **not** be accepted

Dr Paul Chapman (Provider number 4043495L)

Dr Kok Chu Chan (Provider number 403959CB)

Dr Nilanthie Perera (Provider number 2916501Y)

Dr Tracey Symmons (Provider number 033937CJ)

NOTE:

If a trial period is agreed to and the MDT identifies no further gains can be achieved, the patient **must** return to the original unit and care by the referring team

Current ARP: Yes NO

Patient aware of referral: Yes

Referrer Details

Date of referral: / /

Name: Signature: Designation:

Phone no: Provider no:

Home Team Consultant: Ward: Bed:

Reason for Referral

Consultation only Rehabilitation admission Geriatric Admission

Diagnosis:
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Relevant Clinical Information

Comorbidities	Infectious status: <input type="checkbox"/> Infection control alerts completed in ieMR
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Pre-admission level of function • accommodation • supports
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Special needs • precautions • behavioural concerns
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DO NOT WRITE IN THIS BINDING MARGIN
DO NOT REPRODUCE BY PHOTOCOPIING

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REFERRAL TO ACUTE REHABILITATION AND SUB ACUTE UNIT