



**ST JOHN OF GOD**  
Mt Lawley Hospital

**DAY THERAPY UNIT  
REFERRAL FORM**

U.R. Number .....

Surname .....

Given Names.....

Date of Birth ..... / ..... / ..... Sex.....

Use Label If Available or BLOCK LETTERS

**REFERRAL INFORMATION**

**Dear: Dr Teck Yew / Dr Felicity Hawkins**

**Send referral to:**

**Clinical Priority:**  Urgent  Semi Urgent  Routine

F: 08 9370 9905

• Please refer to the Clinical Priority Access Criteria (CPAC) overleaf

E: MtLawley.DTU@sjog.org.au

• Please note: Outpatient referrals will not be processed without a doctor's signature and provider number.

• Requests for priority referral or for referral discussion, please phone:

T: 08 9370 9900

**PATIENT DETAILS**

Surname: Given Names:

DOB: Address:

Contact: H: M: E:

Marital Status: Religion:

Medicare Number: Ref: Exp:

Next of Kin: Relationship:  Preferred contact?

NOK Contact: H: M: E:

**REFERRAL DETAILS**

**Reason for Referral:**

**Clinic Referral:**

- Geriatric evaluation and management (GEM)  Movement disorder / Parkinson's  Continence
- Falls assessment and management  Pulmonary rehabilitation
- Cognition and memory services  Dietetics and speech

Allergies: Height: Weight: BMI:

Please attach a list of current medications and significant medical / surgical history

Please ensure that the following investigations are attached:

FBC  UEC  TFT  B12

Ca  ESR  Vit D  CT Brain (only required if referral for Cognition and memory services)

**REFERRER DETAILS**

Referring Doctor's Name: Signature:

Practice Address:

Provider Number: Referral Date:



MT300.05



NO WRITING IN MARGINS



SGHMLFMR3005 03/19

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**CLINICAL PRIORITY ACCESS CRITERIA**

**GERIATRIC MEDICINE: OUTPATIENTS**

The prime referral criteria for patients are:

- Patients with advanced old age or frailty usually with cognitive impairment and/or physical disability
- Patients with medical problems requiring assessment for treatment, rehabilitation and support
- Complex multiple medical system disorders
- Difficulty coping with activities of daily living with potential for improvement with therapeutic intervention from a specialised multidisciplinary team
- Resident in the community or in residential care
- Younger patients with similar health needs may also be included

The following patient groups are not managed by geriatric medicine departments:

- Mainly single organ system diseases without functional consequences
- Patients without the need for rehabilitation or community supports

Patients requiring health intervention from non-medical specialties, e.g. General surgery, should be managed by that specialty in conjunction with geriatricians with subsequent referral or transfer as indicated.

Note: Patients known to have long term mental health problems or with major behaviour problems (e.g. wandering, aggression) are usually more appropriately referred to Mental Health Services such as the local psycho-geriatric service.

CATEGORY	CRITERIA	EXAMPLES
Urgent	<ul style="list-style-type: none"> <li>• As above</li> </ul>	<p>Specific examples are difficult for frail, elderly patients given the importance of co-morbidities and the fact that major disease can present non-specifically.</p> <ul style="list-style-type: none"> <li>• Major new symptom (e.g. stroke or delirium)</li> <li>• Any change in functional abilities e.g. new onset recurrent falls or immobility.</li> </ul>
Semi-Urgent	<ul style="list-style-type: none"> <li>• As above</li> </ul>	<p>As above depending on judgement of attending doctor.</p> <ul style="list-style-type: none"> <li>• Functional decline, new symptom such as recurrent falls</li> <li>• Medical assessment of a patient with known dementia with deteriorating social behaviour</li> <li>• Significant lethargy in elderly cancer</li> </ul>
Routine	<ul style="list-style-type: none"> <li>• As above</li> <li>• Minimal risk of significant medical / functional deterioration within waiting time</li> </ul>	<ul style="list-style-type: none"> <li>• Memory loss</li> <li>• Reducing mobility</li> <li>• Polypharmacy</li> <li>• Incontinence</li> <li>• Assessment for future social care needs or residential care</li> </ul>

**NOTE:** For all patient referrals:

- In view of the likelihood of rapid decompensation and non-specific or atypical symptomatology in the elderly, telephone consultation is encouraged, especially where the referring doctor is unsure of urgency or where complex medical / social conditions impact on management.
- Most geriatric departments have a flexible range of multi-disciplinary responses to referrals and welcome input from GPs and formal and informal carers.
- This service does not involve psychiatry for the elderly.



NO WRITING IN MARGINS

