



**DAY THERAPY UNIT
REFERRAL FORM**

U.R. Number

Surname

Given Names.....

Date of Birth / / Sex.....

Use Label If Available or BLOCK LETTERS

REFERRAL INFORMATION

Clinical Priority: Urgent Semi Urgent Routine

- Please refer to the Clinical Priority Access Criteria (CPAC) overleaf
- Requests for priority referral or for referral discussion, please phone the DTU Coordinator on (08) 9370 9598

Send referral to:

F: (08) 9370 9905

E: MtLawley.DTU@sjog.org.au
or via Central Referral Service

PATIENT DETAILS

Title:	Surname:	Given Names:	
DOB:	Address:		
Contact: Home:	Mobile:	Email:	
Marital Status:	Religion:	COB:	
Medicare Number:	Ref:	Expiry:	
Employment status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Pension / Self-funded		
Next of Kin Name:	Relationship:	<input type="checkbox"/> Preferred contact	
NOK Contact: Home:	Mobile:	Email:	
General Practitioner:	Practice:		
Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language:	

REFERRAL DETAILS

Reason for Referral:

Clinic Referral (Please Tick)

- | | | |
|--|---|---|
| <input type="checkbox"/> Geriatric evaluation and management | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Falls assessment and management | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Cognition and memory services | <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Movement disorder / Parkinson's | <input type="checkbox"/> Dietetics | <input type="checkbox"/> Nursing / Continence |

Allergies: Height: Weight: BMI:

- Please attach a list of current medications and significant medical / surgical history**
- Please ensure the following investigations are attached:
- FBC UEC TFT B12 Ca Vit D CT Brain (required for cognition & memory services)

REFERRER DETAILS

Referrer's Name:	Designation:	Signature:
Practice / Organisation:	Referral Date:	



MT300.05



NO WRITING IN MARGINS



SGHMLFMR3005 08/20

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MR 300.05



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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"> • As above 	<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"> • Major new symptom (e.g. stroke or delirium) • Any change in functional abilities e.g. new onset recurrent falls or immobility.
Semi-Urgent	<ul style="list-style-type: none"> • As above 	<p>As above depending on judgement of attending doctor.</p> <ul style="list-style-type: none"> • Functional decline, new symptom such as recurrent falls • Medical assessment of a patient with known dementia with deteriorating social behaviour • Significant lethargy in elderly cancer
Routine	<ul style="list-style-type: none"> • As above • Minimal risk of significant medical / functional deterioration within waiting time 	<ul style="list-style-type: none"> • Memory loss • Reducing mobility • Polypharmacy • Incontinence • Assessment for future social care needs or residential care

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

