HIGHFIELDS DISABILITY SERVICE
We support the ndis

PATIENT DETAILS

Surname: ______

First name: ______

Address: ______

______

Phone: ______ DOB: ___ / ___ / ______

Health fund: ______ MBR No: ______

DVA / Workcover / Compensable *(please circle)*

Entitlement number: ______

NOK: ______ Phone: ______

FUND CHECK *(Programmed Care use only)*

Name: ______ Date: ___ / ___ / ______

Home nursing / OT / Physiotherapy *(please circle)*

Rebate eligible: Y / N Cover used: Nil / ______

Other health provider check: ______

REFERRAL DETAILS

Date of referral: ___ / ___ / ______

Referral source: ______

Ward: ______

Date of hospital admission: ___ / ___ / ______

Diagnosis: ______

______

Referral contact name: ______

Contact phone: ______

Date of first visit: ___ / ___ / ______

Time guideline: ______

Instructions for access: ______

______

Consultant provider number: ______

Hospital provider number: ______

Next OPD date: ___ / ___ / ______

GENERAL PRACTITIONER DETAILS

Name: ______

Phone: ______

Provider number: ______

TREATMENT REQUEST

☐ WOUND MANAGEMENT

☐ Post-surgical ☐ Ulcer

☐ Traumatic ☐ Other

Details: ______

______

______

______

☐ MEDICATION MANAGEMENT

Details: ______

Medication authorisation organised: Yes

☐ CONTINENCE ASSESSMENT / MANAG

Details: ______

☐ STOMAL THERAPY

Details: ______

☐ PALLIATIVE CARE

Details: ______

☐ PERSONAL CARE ASSISTANCE

Details: ______

☐ DOMESTIC ASSISTANCE

Details: ______

☐ OCCUPATIONAL THERAPY ASSESSMI

Details: ______

☐ EQUIPMENT PROVISION

Details: ______

☐ SPEECH THERAPY

Details: ______

☐ PHYSIOTHERAPY

Details: ______

☐ PODIATRY

Details: ______

☐ OTHER: ______

______

______

______

______

Notes: ______

I ---The Treating Medical Practitioner, believe that treatment provided by Highfields Disability Service will support either early discharge from hospital, prevent hospitalization or readmission. For DVA Clients, the above treatment is appropriate and I authorize Highfields Disability Service care is to provide this care

Sign--Date ---

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Email:|director@highfieldsdisabilityservice.com | ABN: 74644288764