Referral to Community Based Rehabilitation Service

Please ensure all sections of this referral are completed for it to be processed in a timely manner.
Email completed form as a pdf to tth-referrals@health.qld.gov.au

Townsville Hospital and Health Service (THHS) provides intensive, time-based rehabilitation in the community. Programs are delivered by an experienced interdisciplinary team including physiotherapy, occupational therapy, exercise physiology, speech pathology, dietetics, diabetes education, psychology, neuropsychology, and social work. Centre based programs are offered across the Townsville Region including outreach to Ayr, Charters Towers, Ingham, Magnetic Island, Palm Island, Richmond, and Hughenden. Referrals will be managed by THHS and triaged through a central referral hub.

Participant Details

URN: _____ Sex: ☐ Male ☐ Female

Family name: _____ Phone (Home): _____

Given name: _____ Phone (Work): _____

Address: _____ Email Address: _____

Date of Birth: _____ Country of Birth: _____

Discharge Information (if different to above)

Address: _____ Phone (Best): _____

Aboriginal/Torres Strait Islander Status:

☐ N/A ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

Key Contacts:

☐ **General Practitioner:**

Full Name: _____ Phone (Work): _____

Practice Name: _____ Fax (Work): _____

☐ **Emergency Contact / NOK:**

Full Name: _____ Phone (Best): _____

Medical Clearance: This section must be completed by a medical practitioner.

Please identify any recommendations, precautions, limitations or restrictions for this participant:

1. Are they medically safe to participate in physical activity: ☐ Yes ☐ No
2. Are they safe to participate in water-based activities: ☐ Yes ☐ No
3. Is there any precautions / restrictions / limitations that needs to be observed during the program (includes PMH and current MHx)? ☐ Yes ☐ No

Please explain: _____

_____

E.g.: Epilepsy (if yes, please attach the seizure management plan), Cardiac history, Spinal pathologies.

Doctor's Name: _____ Signature _____

Provider #: _____ Date _____

Is this a Driving Referral?:

☐ Yes > You must complete the separate 'Referral for Driving Assessment' in addition to this referral (Attached? ☐)

☐ No > Continue to next Section

Rehabilitation goals of referral:

Presenting health condition/Diagnosis:

Has there been a recent hospital admission?

☐ Yes ☐ No (If Yes, provide Date/Reason/Length of stay & Medical Clearance from your G.P).)

_____

Have referrals been sent to services other than Alliance Rehabilitation? (Please list)

_____

Are there other services currently involved?

☐ Home care package ☐ Private Allied Health

☐ Community support i.e Kith & Kin ☐ Other (specify): _____

Is this person involved with Office of Public Guardian (OPG)?

☐ Yes ☐ No

Does this person require support for communication (eg. aphasia / interpreter)

☐ Yes ☐ No

Please mark any that apply:

☐ Medicare ☐ My Aged Care ☐ DVA Gold ☐ DVA White ☐ NDIS ☐ Insurance/Compensation Membership/Identification #_____

Consent for referral

☐ Yes - this referral has been discussed with the participant and/or their guardian, and they understand and agree with the referral being made.

Referrer Details:

Referrer Name: _____ Phone (Work): _____

Discipline: _____ Fax (Work): _____

Address: _____ Email: _____

Signature: _____ Date _____

Common Indications for Referral:

- Rehabilitation post deconditioning including after surgical or medical admission e.g. recurrent falls where multidisciplinary intervention is required. Interventions are targeted at community management and prevention of hospital admission
- Specialist nursing including bowel, bladder, wound and pressure area management
- Driving assessment, vehicle modification and driving cessation
- Psychosocial Adjustment and community re-integration support
- Hydrotherapy
- Specialist management of hypertonicity
- Management for complex obesity and related mobility and community access concerns. Focus on social inclusion and long-term outcomes to avoid hospital admission
- Cardiac Rehab and Smoking Cessation (palm island)
- Parkinson's intervention including LSVT Big and LSVT Loud
- Skills to Enable People and Communities (STEPS) – Acquired Brain Injury Program