

REHABILITATION SERVICES

NALHN Outpatient Service Information, Triage & Referral Guidelines

Description of Service:

NALHN offers a wide range of Rehabilitation services at the Specialist Ambulatory and Rehabilitation Centre (SpARC) co-located at Modbury Hospital

Conditions Seen Include:

- > Amputation and Prosthetics
- > Neurological Rehab Including Stroke
- > General Rehab
- > Musculoskeletal Rehab
- > Spasticity.

Exclusions:

- > Paediatrics
- > Spinal injuries
- > Complex traumatic brain injuries.

Referral Criteria:

- > Please include copies of all reports and results
- > Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.
- > Please use the referral form for appropriate service

NALHN prefers all referrals to be named to a clinician providing the service (see list below)

Rehab Clinics:

- > Prosthetics
- > General Rehab
- > Spasticity
- > Day Rehab Medical Clinics

Pain Rehab Clinics:

- > Medical Clinic
- > Psychiatry Clinic
- > Allied Health/Multi-Disciplinary Clinic

Consultants

Rehab Medicine Consultants

- > Dr Venugopal Kochiyil (Head of Unit/ Consultant in Rehabilitation Medicine and Pain Medicine)
- > Dr Vrushali Sanap
- > Dr Chooi Lam
- > Dr Nalinda Andraweera

Pain Rehab Consultants

- > Dr Alette Bader
- > Dr Paul Rolan

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

Version	Date from	Date to	Amendment
1.0	July 2015	July 2016	Original
2.0	May 2016		New Template
3.0	June 2019		New template, Updated



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For More Information or to Make a Referral

Complete relevant referral form and send through to the Northern Adelaide Rehabilitation Service.

Referral Forms

- > [Day Rehabilitation Service Referral Form](#)
- > [Rehabilitation Service Outpatients Referral Form](#)
- > [Pain Rehabilitation Service Referral Form](#)

Northern Adelaide Rehabilitation Service

Location: Specialist Ambulatory and Rehabilitation Centre (SpARC)
Cnr Smart Road and Hatherleigh Ave
Modbury SA 5092

Referral Fax Number: 7321 4100

Phone Number: 7321 4170

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

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Government of South Australia

SA Health

**Northern Adelaide Rehabilitation Service
Day Rehabilitation Service**

Email: HealthDayRehabilitationService@sa.gov.au

Telephone: (08) 7321 4100 Fax: (08) 7321 4170



Government of South Australia

SA Health

MH MRN:

LMH MRN:

Name:	
DOB:	Age:
Address:	
Suburb:	Postcode:
Telephone:	Mobile:
Gender:	
COB:	Language:
Medicare #	
Pension type/number #	
Employment status:	
Is client of Aboriginal origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal & Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify _____	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify: _____	
Consent to referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Person	
Relationship:	
Address:	
Suburb:	Postcode:
Telephone:	
Mobile:	
General Practitioner	
Address	
Suburb:	Postcode:
Telephone:	
Fax:	
Has GP been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consultant(s)/specialist(s):	
Relevant OPD appointments:	
Is client currently an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify ward:	
Date of anticipated discharge:	

Services Requested			
<input type="checkbox"/> Rehabilitation Medicine	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Exercise Physiology
<input type="checkbox"/> Speech Pathology	<input type="checkbox"/> Social Work	<input type="checkbox"/> Dietetics	<input type="checkbox"/> Hydrotherapy

Rehabilitation Goals (please relate goals to the services you have requested)

Medical	
Presenting condition	Date of onset/ history of presenting condition
Blood Pressure: _____	Pulse: _____ BGL: _____ SP02: _____
Medical Alerts (include: allergies, MRSA, VRE)	
Past medical history/co-morbidities	
Contenance status	
Any other relevant information (Pain management, medications)	
Cognitive perceptual abilities (insight, mood, behaviours, memory)	
Communication difficulties (include speech, vision and hearing)	

Current Accommodation

Private (own/purchase) Private (rental)

Housing SA Supported accommodation

Residential Care ILU (retirement village)

Other - Please specify Mental health facility

Current Level of support required

No carer & does not need one

No carer & needs one

Carer not living in

Carer living in, not co-dependent

Carer living in, co-dependent

Current community Services (e.g. Dom Care SA, Disability SA, MOW, MAC)

Loan Equipment on discharge (please also state source and loan term):

Functional abilities (Please include any assistance required or equipment used):

Mobility/wheelchair skills:

Transfers:

Personal care:

Home duties:

Transport drives community bus access cab family/ friends Other _____

Is license revoked or suspended? Yes No *If yes why:* _____

Interests / current employment

Client's ability / motivation to participate in rehabilitation

Referrer details

Signature of referrer: _____ Name of referrer: _____

Discipline: _____ Referral Date: _____

Contact Details: _____ Agency/Hospital & ward: _____

Email _____ Fax: _____

IMPORTANT: Please attach all relevant information, including discharge summary and reports.



- Musculoskeletal/General Rehab clinic**
 - Dr Venugopal Kochiyil
 - Dr Chooi Lam
 - Spasticity clinic**
Dr Nalinda Andraweera
 - Prosthetic clinic**
Dr Vrushali Sanap
 - Driving Assessment clinic (DARC)**
Dr Venugopal Kochiyil
- Dr Vrushali Sanap
 - Registrar

please tick outpatient clinic and doctor required

Name:		Date:	
Address:			
Contact phone number for more information:		Medicare Number:	
DOB:		UR:	

Reason for Referral/Diagnosis (Please provide detail about issue/condition, previous management and attach any further information if required)

Referral Period:

Past Medical History:

Current Medications:

Referring doctor, department and contact details:

Provider Number:
Provider Signature:

Fax to: 7321 4170

Or Mail to: Northern Adelaide Rehab Service, Specialist Ambulatory & Rehab Centre, Cnr Smart Rd & Hatherleigh Ave, Modbury SA 5092

Please return details via fax to: 08 7321 4170



To enable appropriate triaging of the referral, **please attach a relevant summary of the patient's medical history, including medications and allergies, investigations and treatments undertaken and relevant psycho-social issues.**

Please note: No appointment can be offered until the required information is received and the consumer is aware of the referral being made.

The Northern Pain Rehabilitation Service is a multidisciplinary service providing a sociopsyo-biomedical approach to management of persistent pain. This incorporates a specialised assessment, multi-disciplinary pain programs, pharmacological optimisation and non-pharmacological therapies. This service does not currently offer interventional procedures. The service believes in evidence based use of opioid medication. Active substance abuse issues should be referred to DASSA.

<p>Conditions treated by our service include:</p> <p>Neuropathic pain i.e. CRPS / post herpetic neuralgia / peripheral / central neuropathies</p> <p>Visceral pain i.e. IBS / chronic pancreatitis / recalcitrant angina</p> <p>Musculoskeletal conditions Back pain / hip pain / knee pain / neck pain</p> <p>Headaches and facial pain</p> <p>Persistent pain without obvious organic pathology</p>	<p>Our service DOES NOT PROVIDE:</p> <p>Third party compensation i.e. Return to Work SA</p> <p>Addiction treatments</p> <p>Validation of inappropriate opioid prescription</p> <p>Management of acute mental health issues</p> <p>Second opinion after previous assessment by other pain service, public or private</p>
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Consumer details

First name: Surname:

DOB:

Address:

Phone: (H)..... (W).....(M)

Email:

Country of Birth:..... Language if Interpreter required:

Alerts to infections status, allergies or communicable disease:

Referrer details

First name: Surname:

Provider Number:Clinic:

Phone: Fax:

GP details if not referrer: **PLEASE COMPLETE**

Name:Phone:.....

Please return details via fax to: 08 7321 4170