

# CABRINI IN THE COMMUNITY REFERRAL FOR SERVICES



All queries contact ACCESS Ph: (03) 9508 1700 Fax: (03) 9508 1455 Email: access@cabrini.com.au

## PATIENT DETAILS:

Has the patient consented to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Title: _____ Surname: _____
	Given name(s): _____
	DOB: _____ UR: _____
Preferred contact: _____	Address: _____
Relationship: _____	Postcode: _____
Phone: _____	Phone: _____

## SERVICE(S) REQUIRED:

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes education  | <input type="checkbox"/> Occupational therapy    |
| <input type="checkbox"/> Dietetics           | <input type="checkbox"/> Physiotherapy           |
| <input type="checkbox"/> Exercise physiology | <input type="checkbox"/> Podiatry                |
| <input type="checkbox"/> Health psychology   | <input type="checkbox"/> Social work             |
| <input type="checkbox"/> Hydrotherapy        | <input type="checkbox"/> Speech                  |
| <input type="checkbox"/> Neuropsychology     | <input type="checkbox"/> Videofluoroscopy/FEES * |

## SPECIFIC PROGRAM (if known):

- |   |
|---|
| <input type="checkbox"/> Allied health (private allied health)                              |
| <input type="checkbox"/> Therapy/rehab in the home <input type="checkbox"/> IP substitution |
| <input type="checkbox"/> Cabrini Cancer Exercise and Wellness Centre                        |
| <input type="checkbox"/> Outpatient rehabilitation *  |
| <input type="checkbox"/> Chronic disease *  |

\* Programs requiring a medical referral

## DIAGNOSIS:

## REASON FOR REFERRAL:

## RELEVANT MEDICAL HISTORY:

Please attach health summary

## MEDICAL REFERRER DETAILS (if relevant): \*

Name: _____	
Profession: _____	Provider number (if relevant): _____
Phone: _____	Fax: _____
Signature: _____	Date: _____

## CURRENT/RECENT HOSPITAL ADMISSION (if relevant):

Admission date: _____	Expected discharge date: _____
-----------------------	--------------------------------

## CONTACT/REFERRING CLINICIAN:

Name: _____	Designation: _____	Date: _____
Contact details: _____	Please provide an allied health transfer letter.	

## CABRINI ALLIED HEALTH (PRIVATE PRACTICE)

Cabrini provides a range of fee-based integrated allied health services at home, onsite or via Telehealth.

We can assist patients with a range of conditions, but we also offer specialist programs and services including:

- GLA:D for osteoarthritis
- Lymphoedema
- ED follow-up service
- Vestibular
- Injury management
- Musculoskeletal
- Chronic cough
- Respiratory (airways clearance)
- Hydrotherapy
- Women's health (continence)
- BACK-fit for back pain
- Maintenance groups
- Gestational diabetes
- Videofluoroscopy/FEES
- Bladder, bowel and sexual health (oncology)

## CABRINI CANCER EXERCISE AND WELLNESS CENTRE

Cabrini provides a comprehensive range of multidisciplinary, evidence-based oncology programs which focus on the physical, emotional and social needs of cancer patients and those close to them.

## CHRONIC DISEASE

Cabrini provides specialist nursing and a range of other services onsite or at home for chronic conditions.

These include:

- Cardiac
- Respiratory
- Neuro-oncology
- Heart failure
- Cognition and dementia
- Diabetes education

## OUTPATIENT REHABILITATION

Cabrini provide a comprehensive range of onsite multidisciplinary outpatient programs which are goal orientated and focus on individual needs. These programs are led by an experienced rehabilitation consultant and therefore require a medical referral.

Some of the services and programs include:

- Breast cancer
- Persistent pain
- Musculoskeletal
- Oncology
- Orthopaedic (joint replacements)
- Falls and balance
- Reconditioning
- Respiratory (pulmonary rehabilitation)
- Cardiac
- Parkinson's and LSVT
- Neurology
- Vestibular

## THERAPY IN THE HOME

Cabrini can provide comprehensive rehabilitation services in the patient's home which are goal orientated and focus on individual needs. These services include care coordination, nursing and allied health services after an acute admission, where the patient is safe to go home but cannot attend an onsite service.

## FUNDING AND ELIGIBILITY

Funding and eligibility checks are completed by our ACCESS service. Some services have no out-of-pocket expenses depending on individual needs, level of hospital and ancillary cover. Any out-of-pocket fees will be discussed prior to appointment bookings. Compensable bodies e.g. TAC, Worksafe and Department of Veteran Affairs may cover all costs. Some services are partially funded by Enhanced Primary Care (EPC) programs via Medicare (ask your local GP).

**For any queries or referrals please contact ACCESS:**

Ph: (03) 9508 1700 Fax: (03) 9508 1455

Email: [access@cabrini.com.au](mailto:access@cabrini.com.au)

