

HOSPITAL PATIENT REFERRAL FORM

EVERGREEN BROADACRES HEALTHCARE CENTRE
PATIENT REFERRAL FORM
PRACTICE NO: 8816158

PATIENT DETAILS / HOSPITAL STICKER

Full Name: _____	Medical Scheme <input type="checkbox"/> Private <input type="checkbox"/>
Surname: _____	Medical Scheme: _____
ID Number: _____	Medical Plan: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Main Member Name: _____
Date: _____	Membership Number: _____
Hospital: _____	ICD Code: _____

MEDICAL INFORMATION: DIAGNOSIS AND ICD10 CODES (THIS SECTION IS COMPULSORY)

No	Primary Diagnosis	Code	No	Secondary Diagnosis	Code
1			1		
2			2		
3			3		

Clinical Findings:

ACUTE AND CHRONIC MEDICATION

Is the patient on acute and chronic medication?

Y	N

ADDITIONAL INFORMATION AND SUMMARY

Action	Total Assistance	Partial Assistance	Self-care	Questions	Y	N
Mobility				Is patient only mobile in a wheelchair?		
Bathing				Are assisted devices used when walking?		
Dressing				Does patient fully understand instructions?		
Nutrition				Do you understand what patient is saying?		
Toileting				Does patient have a good memory?		
				Any wound or pressure sores?		

The patient is transferred from a bed to a chair by 2 Persons ☐ 1 Person ☐ Independent ☐

THERAPY SERVICES USED IN ACUTE SETTING

Speech Therapist	Y	N	NAME:	TEL:
Physio Therapist	Y	N	NAME:	TEL:
Occupational Therapist	Y	N	NAME:	TEL:
Dietician	Y	N	NAME:	TEL:

Evergreen Broadacres is a private 32 bed Healthcare facility for short-term or long-term patients.

We focus on assisting each patient best possible outcome and use the SADF Scoring as a baseline.

Our multidisciplinary teams consist referring specialists, doctors, physiotherapists, occupational therapists, speech therapists, dieticians, social workers and case managers.

REHABILITATION BASED	MEDICALLY BASED PROGRAMS
<ul style="list-style-type: none"> – Orthopedic Conditions – Post-op Major Surgery – MVA's – Neurological Conditions – Respiratory Conditions – Complications of Chronic Disease – Deconditioning relating to falls – Specialized Care – Palliative Care – Long-Term Care 	<ul style="list-style-type: none"> – Hip or Knee replacements – Stoma management and education – General medical care (Acute and Chronic) – Peg Care/ Supra-pubic catheters – Ventilated and Tracheostomy Care – Amputations – Assisted device guidance/orders – Patient and Family education – CVA's – Cardiac Failure

ATTACHMENTS	Y	N
Doctor's motivation letter (compulsory)		
Script for acute and chronic medication		
Other:		

SIGN

NAME

DATE

Please email this form to: casemanager@evergreenlifestyle.co.za

Evergreen Broadacres Healthcare Centre

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Broadacres Park

0878093366