

Northern Adelaide Local Health Network
Falls Assessment Clinic referral form



To Falls Assessment Clinic	Fax No 1300 467 567
From	No of pages (including this page and medical summary)
Organisation	Designation
Date	Contact phone Contact fax

Confidential Urgent

Patient details (please print clearly)	GP details (please print clearly)
Name	Name
Street	Practice name
Suburb	Street
Phone number	Suburb
Date of birth	Phone number
Contact person	Fax number

Interpreter required No Yes Language

Criteria for eligibility (**please tick**) *Indicates mandatory criterion

- Lives in the Northern Adelaide Local Health Network*
- Client consents to referral*
- Aged 65 or older or Aboriginal and Torres Strait Islander aged 50 or older
- Multiple co-morbidities
- Has not had recent review by geriatrician or multidisciplinary team*
- Does not have an acute fracture or acute illness (is medically stable)
- Has had two or more falls in the past 12 months or has had one fall with serious injury in the past 12 months*

Locations

Northern Clinic
GP Plus Health Care Centre
16 Playford Boulevard
Elizabeth SA 5112

North Eastern Clinic
GP Plus Super Clinic
77 Smart Road
Modbury SA 5092

Note: Permanent residents of high level care are not eligible for this service

Is the client receiving other community services? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)	<input type="checkbox"/> Community package – provider: _____ <input type="checkbox"/> Dom. Care <input type="checkbox"/> DVA Gold/White Card <input type="checkbox"/> Private <input type="checkbox"/> Disability SA <input type="checkbox"/> Other: _____
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Reason for referral

Please attach PMHx, current medications and other relevant information, including alerts
(processing may be delayed if sufficient information not provided)

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