

Central Adelaide Local Health Networks
Falls Assessment Clinic referral form



To Falls Assessment Clinic	Fax No 1300 724 900
From	No of pages (Including this page and medical summary)
Organisation	Designation
Date	Contact phone

Urgent

Patient details (please print clearly)	GP details (please print clearly)
Name	Name
Street	Practice name
Suburb	Address
Phone number	Phone number
Date of birth	Fax number
Contact person	GP Signature: (if referral from GP)

Interpreter required No Yes Language _____

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

- * Lives in either the Central Adelaide Local Health Network
- * Client consents to referral
- * Aged 65 or older or Aboriginal and Torres Strait Islander aged 50 or older
- * Has had 2 or more falls in the past 12 months or has had one fall with serious injury in the past 12 months
- * Has not had recent review by geriatrician or multidisciplinary team
- * Multiple co-morbidities
- Does not have an acute fracture or acute illness (is medically stable)

Locations

Central Clinic
 Sefton Park Clinic
 Ambulatory & Primary Health
 Care Service
 Shop 5/221 Main North Rd
 Sefton Park SA 5083

Western Clinic

Outpatient Dept.
 The Queen Elizabeth Hospital
 28 Woodville Road
 Woodville SA 5011

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

Is the client receiving other community services?
 No Yes (specify) _____

Community package – provider: _____
 Dom. Care DVA Gold/White Card
 Private Disability SA Other: _____

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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