



DESERT THERAPY Aged Care Referral Form

Please forward referral form to referrals@deserttherapy.com.au

Client information:			
Referral Date:			
Name:		DOB:	
Address:		Phone:	
Main Contact/ Next of Kin:	Name: Relationship: Phone:	Secondary Contact:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
Communication Needs:	Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language Spoken:		
Package details	Home Care Package <input type="checkbox"/> Level:		STRC <input type="checkbox"/> TCP <input type="checkbox"/>
	Start date (if applicable):		
Behavioural and Risk Notice	<input type="checkbox"/> Criminal History: <input type="checkbox"/> Drug/Alcohol history: <input type="checkbox"/> Aggression <input type="checkbox"/> Absconding <input type="checkbox"/> Other:		
Doctors Name:		Phone:	

Referring Agency/Person:			
Name:		Relationship/Agency:	
Email:		Phone number:	

Additional Referral Information:
Reason for Referral:
Disability / Diagnosis (please include diagnosis and medical information and attach relevant documentation):
Goals (please list or attach the plan):
Current service providers involved:

Clinical Details overleaf



Services you wish to engage

<input type="checkbox"/> SPEECH PATHOLOGY			
<i>Assessment and Report ONLY</i>		<i>Assessment and ongoing therapy</i>	
Verbal	<input type="checkbox"/>	Non-verbal	<input type="checkbox"/>
Difficulty Speaking, listening, and understanding	<input type="checkbox"/>	Dysphagia Management: difficulty eating, drinking, and swallowing food and fluids	<input type="checkbox"/>
SOS feeding therapy	<input type="checkbox"/>	Telehealth (for non-ASP based referrals)	<input type="checkbox"/>
Already on a modified diet:		YES <input type="checkbox"/>	No <input type="checkbox"/>
Other: (please list)			

<input type="checkbox"/> OCCUPATIONAL THERAPY			
<i>Assessment and Report ONLY</i>		<i>Assessment and ongoing therapy</i>	
Developmental Assessment	<input type="checkbox"/>	Sensory Assessment	<input type="checkbox"/>
Equipment Prescription	<input type="checkbox"/>	Home Assessment	<input type="checkbox"/>
Functional Assessment	<input type="checkbox"/>	Wheelchair Assessment	<input type="checkbox"/>
Other	<input type="checkbox"/>	Manual handling / Transfer Assessment	<input type="checkbox"/>

<input type="checkbox"/> PHYSIOTHERAPY			
<i>Assessment and Report ONLY</i>		<i>Assessment and ongoing therapy</i>	
Falls assessment and prevention	<input type="checkbox"/>	Gross motor skills	<input type="checkbox"/>
One on One Exercise sessions	<input type="checkbox"/>	Gait Training	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Exercise Prescription	<input type="checkbox"/>
Equipment Prescription	<input type="checkbox"/>	Other:	<input type="checkbox"/>

<input type="checkbox"/> EXERCISE PHYSIOLOGY			
<i>Assessment and Report ONLY</i>		<i>Assessment and ongoing therapy</i>	
Permanent Disability/Impairment requiring EP:			
Other relevant medical/ Musculo-skeletal conditions:			

Reason for referral			
Obesity	<input type="checkbox"/>	Neurological	<input type="checkbox"/>
Chronic disease Management	<input type="checkbox"/>	Spinal Cord	<input type="checkbox"/>
Maintain/improve specific activities	<input type="checkbox"/>	Mobility Assessment	<input type="checkbox"/>
Balance exercises/falls prevention	<input type="checkbox"/>	Maintain/improve mobility	<input type="checkbox"/>
Gain higher level of independence	<input type="checkbox"/>	Improve health and wellbeing	<input type="checkbox"/>
		Deconditioning	<input type="checkbox"/>
		Hydrotherapy	<input type="checkbox"/>
		Weight Management	<input type="checkbox"/>
		Improve stamina strength	<input type="checkbox"/>
		Build capacity for daily living	<input type="checkbox"/>

Preferred or requested way to exercise			
Water based activities	<input type="checkbox"/>	Walking	<input type="checkbox"/>
Community settings	<input type="checkbox"/>	In Gym setting	<input type="checkbox"/>
		In clinic setting	<input type="checkbox"/>
		In home setting	<input type="checkbox"/>