

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 Tel Contact fax

Urgent Private Health Insurance Medicare Number:

Patient details (please print clearly)	GP details (please print clearly)
Name	Name
Street	Practice name
Suburb	Street
Tel Number	Suburb
Date of Birth	Tel number
Contact Person	Fax number

Interpreter required Yes No Language:

Criteria for eligibility (Please tick) *Indicates mandatory criterion

- Lives in the Northern Adelaide Local Health Network*
- Client consents to referral and is willing to adopt strategies and interventions recommended
- Aged 65 or older or Aboriginal and Torres Strait islander aged 50 or older*
- Has had two or more falls in the past 12 months or has had one fall with serious injury in the past 12 months*
- 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)
- Medical/health summary attached*

Locations

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

North Eastern Clinic
SpARC
Cnr Smart Road &
Hatherleigh Ave
Modbury SA 5092

Is the client receiving other community services?

No Yes (specify)

Community package – provider: _____

Dom. Care DVA Gold/White

Private Disability SA Other: _____

Please ensure you supply the below information

Reason for referral
