

**Acacia Court Day Therapy Centre**

81 Tapleys Hill Road

HENDON SA 5014

t: (08) 8243 1844

f: (08) 8243 0430

e: daytherapy.acc@eldercare.net.au

jenny.taylor@eldercare.net.au

ABN: 63 758 127 271 ACN:649235183



## Referral/approval for Allied Health Services

### Client details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

English fluency:      Excellent ☐      Good ☐      Poor ☐      Needs an interpreter ☐

NB: Interpreter booking and funding must be organised by package provider or client

### Contact person/representative

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

P.O.A.:      Yes ☐      No ☐      Primary contact      Yes ☐      No ☐

### General practitioner

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_

**Referrer** Name: \_\_\_\_\_ Role: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact hours: \_\_\_\_\_

Email: \_\_\_\_\_

Client has provided consent for referral: Yes ☐ No ☐

Date of referral: \_\_\_\_\_

**Invoice details** Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Attention: \_\_\_\_\_

### Therapy required (please check box)

#### Physiotherapy:

☐ Physiotherapy

#### Occupational Therapy:

☐ Cognitive and Memory Support

☐ Home Safety Assessment

☐ Equipment Recommendation

☐ Hand Therapy

#### Podiatry:

☐ Foot/nail care

#### Exercise Physiology:

☐ Exercise Physiology

#### Speech Pathology:

☐ Speech Therapy

☐ Swallowing Management

☐ Talkback Group  
(Clients with Aphasia only)

#### Group Therapy:

☐ Falls and Balance

☐ Exercise Circuit

☐ Hand Therapy

☐ Knee Exercise

☐ Hip Exercise

☐ Cardio-Pulmonary

☐ Upper Limb

### Goals

### Other things we should know about the client