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Referral to SOS (Metro and Rural Spinal Cord Injury Service)

Address: _____

 Landline Ph Number: _____
 Mobile: _____

Surname:.....
 Given Names:.....
 MRN: DOB:.....

Medicare No: _____

Next of Kin/Alternative Contact

Name:	Relationship:	Phone Number:

Country of Birth: _____ **Interpreter Required:** No Yes **Language:** _____

Is the client Aboriginal/Torres Strait Islander? Yes No

GP Name: _____ **GP Phone No:** _____ **GP Fax No:** _____

Client Marital Status: Married Single De Facto Unknown

METRO Referral **RURAL* Notification¹** **OR RURAL Referral²**

Referral Date: _____ **NEW INJURY** ***READMISSION (established)**
**Must have multidisciplinary goals for SOS to follow up*

Treating Spinal Unit/s: POWH RNSH RRCS PAEDS _____

Funding: Public NDIS My Aged Care Compensable (provide details)
 iCare LTCS iCare Workers Care Workers Comp Other **Claim #:** _____

Contact Details: (NDIS Support Coordinator /Case Manager/Insurance Co-ordinator etc): _____

Has Case Manager been notified of routine SOS involvement post discharge: Y N

SPINAL SPECIALIST PROVIDING FOLLOW UP (ESSENTIAL for SOS REFERRAL):

LEVEL OF INJURY: _____ **ASIA SCORE:** A B C D E

DATE OF INJURY: _____ **CAUSE OF INJURY:** _____

Reason for current admission to hospital: _____

ESTIMATED D/C DATE: _____ **(Please include SOS on Discharge Summary distribution list)**

*Refer to SOS Clinical Services Priorities Document for further referral criteria.
 1Notification refers to clients whose' information will be entered on the rural database for transfer of their details to the rural coordinators and invitation to future rural clinics.
 2Referral: refers to where the request is for active follow up by the rural coordinator. Indications for referral include red flags and deteriorating health status. Rural clients being discharged from spinal units are not routine referrals to the rural coordinators.



REASON FOR REFERRAL TO SOS/RSCIS:

NURSING (*Bladder, Bowel, Skin, Equipment, Sexuality*)

MEDICAL (*Pain, Spasm, AD, Other*)

PHYSIOTHERAPY (*Mobility, Respiratory, Equipment, Rec Therapy, Upper Limb*)

OCCUPATIONAL THERAPY (*Equipment, Accommodation, Home Mods, Vocation/Leisure, Driving, Community Access*)

SOCIAL WORK/PSYCHOLOGY (*Cognitive, Care, Accommodation, Relationships*) **Please contact SW prior to D/C**

LIFE ASPIRATIONS (*work, family, hobbies, entertainment, study*)

Recommended SOS Discipline for Client Service Co-ordinator Allocation (*Metro Clients only*)? Nurse PT OT SW

Other Information – Please indicate which other services are/will be involved with client

- | | |
|--|--|
| <input type="checkbox"/> SPS/SPCC | <input type="checkbox"/> ParaQuad |
| <input type="checkbox"/> Community/Private Nursing | <input type="checkbox"/> SCIA |
| <input type="checkbox"/> Community/Private OT | <input type="checkbox"/> InVoc |
| <input type="checkbox"/> Community/Private PT | <input type="checkbox"/> Vocational Services |
| <input type="checkbox"/> Community Options | <input type="checkbox"/> Other |

Details of any services/referrals above (*names, contact numbers, appointment dates etc*):

List any **RISKS** that there might be for SOS staff (i.e. 2 person visit, aggression etc):

CONSENT - MUST be completed by referee for SOS to accept referral

Rural Clients – I have discussed a referral to the Rural Spinal Cord Injury Service (RSCIS) and client has agreed to a) have name and details placed on the rural database for contact regarding future clinics in the local area and/or b) for contact by the local RSCIS coordinator

Metro clients - I have discussed referral to SOS with client and client has given verbal consent to be followed up by SOS

Referred By (Name and designation): _____

Submit Referral by: Fax (02) 8078 6688 OR Email: sos@royalrehab.com.au