Central and Northern Adelaide Local Health Networks

# Falls Assessment Clinic referral form

Government of South Australia
SA Health

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|---|---|
| **To** Falls Assessment Clinic | **Fax No** 1300 467 567 |
| **From** | **No of pages** (including this page and medical summary) |
| **Organisation** | **Designation** |
| **Date** | **Contact phone** |

☐ Confidential ☐ Urgent

| **Patient details** (please print clearly) | **GP details** (please print clearly) |
|---|---|
| Name | Name |
| Street | Practice name |
| Suburb | Street |
| Phone number | Suburb |
| Date of birth | Phone number |
| Contact person | Fax number |

Interpreter required ☐ No ☐ Yes Language

Criteria for eligibility **(please tick)**

- ☐ Lives in either the Central or Northern Adelaide Local Health Network
- ☐ Client consents to referral
- ☐ Aged 65 or older
- ☐ Aboriginal and Torres Strait Islander aged 45 or older
- ☐ 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)
- ☐ Has had two or more falls in the past 12 months or has had one fall with serious injury in the past 12 months

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

**Locations**

Central Clinic
Day Rehabilitation Centre
Hampstead Centre
207–255 Hampstead Road
Northfield SA 5085

Western Clinic
Outpatient Clinic
The Queen Elizabeth Hospital
28 Woodville Road
Woodville SA 5011

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

North Eastern Clinic
GP Plus Super Clinic
77 Smart Road
Modbury SA 5092

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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