

# Metropolitan Adelaide Falls Prevention Service Request Form

Facsimile info		
<b>Central Adelaide</b> Please fax to 1300 467 567 PO Box 508. Prospect, SA, 5082	<b>Northern Adelaide</b> Please fax to 1300 467 567 PO Box 508. Prospect, SA, 5082	<b>Southern Adelaide</b> Please fax to 8201 7860
For all enquiries, please phone 1300 0 FALLS (1300 0 32 557)		

The SA Health Metro Area Falls Teams (Central, Northern & Southern) provide triaging for and linkage to falls prevention services in the Adelaide Metropolitan Area including Falls Assessment Clinics, In-Home Falls Risk Assessments and other community services/programs.

Does your client require a falls risk assessment to avoid an imminent hospital admission?

Yes  > call Metropolitan Referral Unit on 1300 110 600 DO NOT COMPLETE THIS FORM

No  > Complete this form

## Patient information

Patient name:	GP Name:
Hospital UR No:	Address:
DOB:                      ATSI: <input type="checkbox"/> No <input type="checkbox"/> Yes	.....
Address:	Preferred contact time/method:
.....	.....
Phone no:	Phone no:
.....	Fax no:
NOK:                      Contact no 1:	Interpreter required: <input type="checkbox"/> No <input type="checkbox"/> Yes
Contact no 2:	Language spoken:

Past Medical History (attach summary)	Medication (attach details)
.....	.....

History of Presenting Complaint and Reason for Referral
(please indicate if your request is specifically for a Geriatrician led Falls Assessment Clinic)
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## Community Services

Is the patient receiving other community service? <input type="checkbox"/> No <input type="checkbox"/> Yes >	<input type="checkbox"/> Dom. Care <input type="checkbox"/> DVA Gold/White Card Holder <input type="checkbox"/> CACPS
	<input type="checkbox"/> HACC <input type="checkbox"/> Private <input type="checkbox"/> other .....

## Referrer

Name (please Print):	Date:
Designation/Organisation:	Phone number: