Government of South Australia
SA Health

Central Adelaide Local Health Network

Falls Assessment Clinic referral form

To Falls Assessment Clinic	Fax No: **1300 724 900** Ph: **8222 8867**
From	No of pages (Including this page and medical summary)
Organisation	Designation
Date	Contact phone

☐ Urgent

Patient details (please print clearly)	GP details (please print clearly)
Name	Name
Street	Practice name
Suburb	Address
Phone number	Phone number
Date of birth	Fax number
Contact person	GP Signature: (if referral from GP)

Interpreter required ☐ No ☐ Yes Language

Criteria for eligibility (please tick) *** Indicates mandatory criterion**

- ☐ ***** Lives in the Central Adelaide Local Health Network
- ☐ * Client consents to referral
- ☐ ***** Aged 65 or older or Aboriginal and Torres Strait Islander aged 50 or older
- ☐ ***** Has had 2 or more falls in the past 12 months or has had one fall with serious injury in the past 12 months
- ☐ ***** Has not had recent review by geriatrician or multidisciplinary team
- ☐ ***** Multiple co-morbidities
- ☐ Does not have an acute fracture or acute illness (is medically stable)

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

Locations

Central Clinic
Sefton Park Clinic
Primary Health Care Service
Shop 5 / 221 Main North Rd
Sefton Park SA 5083

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

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)