



Arts in Health at FMC – Patient Referral Form

Ward:..... Bed No:..... Name:..... Age:..... Gender:.....	Patient Label with URL	
Reason for admission/diagnosis:.....	Admission date:	
Has this referral been discussed with the patient/guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the patient have cognitive impairments and/or limited concentration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What particular form of art is the patient interested in?	Visual Art & Craft <input type="checkbox"/>	<input type="checkbox"/>
	Music <input type="checkbox"/>	<input type="checkbox"/>
	Creative Writing <input type="checkbox"/>	<input type="checkbox"/>
	Music for Relaxation <input type="checkbox"/>	<input type="checkbox"/>
	Meditation <input type="checkbox"/>	<input type="checkbox"/>
Desired level of involvement in an arts activity.	Participatory session <input type="checkbox"/>	<input type="checkbox"/>
	Limited involvement/ Requires assistance <input type="checkbox"/>	<input type="checkbox"/>
	Arts activity to be passively received <input type="checkbox"/>	<input type="checkbox"/>
Other relevant details.		

Referrer name..... Date of referral.....

Position.....

Contact details referrer: Tel..... Email.....

Please send referral form to – Arts in Health at FMC, Level 2, FMC.
 telephone: 8204 3096
 fax: 8204 6570
 email: artsinhealth@sa.gov.au

Arts in Health at FMC Patient Referral Form available online
www.sahealth.sa.gov.au/artsinhealthatfmc

