FIT 4 SURGERY Prehabilitation Experts

Level 1, 84 Bridge Rd, Richmond VIC 3121
1300 210 994
fit4surgery@fit4surgery.com.au
www.fit4surgery.com.au

FIT-4-SURGERY CLINIC REFERRAL FORM

Email:_____ Telephone:_____ Fax: _____

REFERRAL SOURCE / DR STAMP:

Dr:_____

Address: _____

Phone: _____

Fax: _____

Provider No: _____

Email: _____

Signature: _____

DATE OF REFERRAL: _____

CLIENT DETAILS

Name:_____

Address: _____

Male/Female: _____

Phone (home): _____

Phone (mobile): _____

Date of Birth:_____

Medicare No:_____

Anticipated Date of Surgery: _____ **Surgical Procedure:** _____

REASON FOR REFERRAL to FIT 4 SURGERY Prehabilitation Experts

Major Surgery requiring:

- ☐ Preoperative Anaesthetic Assessment and Management
- ☐ Fast-Track Warfarin Reversal
- ☐ Preoperative Risk Stratification with Cardiopulmonary Exercise Testing
- ☐ Prehabilitation assessment and Implementation of Exercise Therapy / Haematinic Optimisation / Nutritional Optimisation

Other:

- ☐ Enhanced Recovery After Surgery Program Initiation
- ☐ Surgery School
- ☐ Advance Care Plan Discussion
- ☐ Other:_____

REFERRAL VALID FOR: 3 months ☐ **Yes** ☐ **No**

CLIENT INFORMATION

Is the patient Aboriginal / Torres Strait?	Yes ☐ No ☐	Is the patient a veteran?	Yes ☐ No ☐
Transport required?	Yes ☐ No ☐	DVA No:	Yes ☐ No ☐
Interpreter required?	Yes ☐ No ☐	If Yes: which language?:	Yes ☐ No ☐

CURRENT MEDICATIONS: Attached: Yes ☐ No ☐

RECENT INVESTIGATION RESULTS: Attached: Yes ☐ No ☐

PAST HISTORY: HAQ Attached: Yes ☐ No ☐

SOCIAL FACTORS IMPACTING CARE:

Will patient be amenable to prehabilitation? Yes ☐ No ☐

Does person live alone? Yes ☐ No ☐

Does the person have caring responsibilities for others? Yes ☐ No ☐

Please indicate if the patient may require assistance from the below services:

Dietician: Yes ☐ No ☐ Exercise Physiology: Yes ☐ No ☐ Social Work: Yes ☐ No ☐ O.T: Yes ☐ No ☐

Other: _____