

REFERRAL FORM

Bond University Allied Health (BUnyAH)

Interprofessional Healthy Lifestyle Program



An Australian Government Initiative

Phone Professor Susan Brandis for further information on **0437 143 704**
 Forward completed Referral via **fax: 07 5604 1478**

DATE:

PATIENT DETAILS

Patient Name:	DOB:	Gender: M / F
Address:	Email:	
Daytime contact number: Home:	Mobile:	

PATIENT PRESENTATION

Clinical History:

PAST HISTORY

Has the patient previously attended a falls prevention or frailty program/clinic? YES/NO

If yes, specify where and when:

The patient has met ALL the following criteria to be eligible for the program (please tick):

- Age - 65 plus or 55 plus (Aboriginal & Torres Strait Islander)
- Gold Coast resident living at home within the Community (NOT RACF, NOT Palliative)
- Score >1 in the FRAIL scale risk assessment
- At risk of frailty – presents with one or more of the following: social isolation, poor self-care, recent hospitalisation, polypharmacy, multimorbidity, falls, poor nutritional intake, low socio-economic, mood changes.
- Unable to access mainstream services (available privately, through private insurance and/or the medical benefit scheme)
- Has Commonwealth pension / health care card
- Cognitively and physically able to provide informed consent and participate in group activities

REFERRING GP/ORGANISATION DETAILS

Please stamp/insert details:

GP
 Signature _____

Date _____

REFERRING ALLIED HEALTH PROFESSIONAL DETAILS (if this applies) *A GP Sign off is mandatory for this referral to be accepted* *Please stamp/insert details:*

AHP
 Signature: _____

Date: _____

Eligible clients referred will undergo an initial and discharge assessment by allied health professionals in exercise, occupational therapy, physiotherapy, and dietetics. All students are directly supervised by a suitably registered clinician. BUnyAH provides a unique interprofessional and intergenerational approach to reducing frailty in the community, accompanied by a longer-term research strategy lead by Bond University in partnership with Avanti Health Centres and the Gold Coast PHN. The group program has a maximum of 20 participants. Initial groups will be provided from AVANTI Health Centre, Gold Coast Surgery Centre, Level 1, 103-113 Nerang Street, Southport. Individual follow-up may be provided from Bond Institute Health and Sport 1 Promethean Way, Robina.

This BUnyAH interprofessional Healthy Lifestyles Program is supported by funding from Gold Coast Primary Health Network through the Australian Government’s PHN Program. GCPHN is collecting your personal information for the purpose of assisting its activities and functions in the primary health care sector. Your contact details may be used to forward information and notifications from GCPHN. In some circumstances we may provide your information to our funding agency (Dept of Health) or to service providers that enter into legal contracts with us which are bound by confidentiality. There is no legal requirement for you to provide your personal information, however if you chose not to disclose your personal information this may exclude you from our services and programs. We do not routinely disclose information overseas. For further information on how we manage your personal information see our website <https://gcphn.org.au/privacy-policy/>

FRAIL SCALE RISK ASSESSMENT

	Questions	Scoring	Results
Fatigue	How much of the time during the past 4 weeks did you feel tired? A = All or most of the time B = Some, a little or none of the time	A = 1 B = 0	
Resistance	In the last 4 weeks, by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?	Yes = 1 No = 0	
Ambulation	In the last 4 weeks, by yourself and not using aids, do you have any difficulty walking 300 metres OR one block?	Yes = 1 No = 0	
Illness	Does the patient have the following conditions? <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer (not a minor skin cancer) <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Heart attack <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Angina <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Kidney disease	0-4 answers = 0 5-11 answers = 1	
Loss of weight	Have you lost more than 5kg or 5% of body weight in the past year?	Yes = 1 No = 0	
TOTAL SCORE			
Scoring: Robust = 0 Pre-frail = 1-2 Frail = >3			