

REFERRAL FORM

Frailty Care in the Community Program

Healthy Ageing Program



An Australian Government Initiative

Phone Joyce McSwan for further information on **0412 327 795**
 Forward completed Referral via **Medical Objects (preferred)** to:
 Name: **Joyce McSwan**
 Provider Number: **JM4226000Q0**
 or Fax: **07 3539 9801**

DATE:

PATIENT DETAILS

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

- The patient is > 65 years old (Older Persons) or > 55 years old (Aboriginal & Torres Strait Islander)
- The patient has scored >1 in the FRAIL scale risk assessment (please see the FRAIL scale risk assessment on page 2 of this referral)
- The patient is not a palliative care patient
- The patient does not currently reside in a Residential Aged Care Facility
- The patient requires improved self-management strategies and skills to optimise ongoing care
- The patient is able to give voluntary, informed consent for the ongoing collection of audit data.

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: _____

On the receipt of this referral, the patient will be contacted with details of the Gold Coast Primary Health Network's Frailty Care in the Community, Healthy Ageing Program to be reviewed with an initial service assessment. Our Service Assessments will be held at our office at Corporate House, Varsity Lakes. The group-based Frailty Care in the Community Program will be held at various North and South community centres on the Gold Coast. Patients will be allocated accordingly to suit their individual needs. Please provide for your patient the "Patient Information Sheet" for their further information. Patients can also call us directly to enquire further on: 0412 327 795

This Frailty Care in the Community, Healthy Ageing 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://gcpnh.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			

You can also use the Frail Scale Risk Assessment calculator: www.painwise.com.au/frail-scale