

REFERRAL TO THE SUTHERLAND HOSPITAL SERVICES

Dietetics Department- Cardiac Rehabilitation - Heart and Lung Team

PATIENT DETAILS

Name:
Address:
Phone (w) (h) Mob:
Date of Birth: **Country of Birth:**

Current Weight: **Height:** **BMI:**
 Outline Weight History (eg. overweight, underweight etc):

Does this patient need an interpreter? Yes No
Is this patient of Aboriginal/Torres Strait Islander Status? Yes No

DETAILS OF PATIENT'S USUAL GP

GP Name:
Practice Address:
Phone: **Fax:**

REFERRAL TO THE FOLLOWING SERVICES AT SUTHERLAND HOSPITAL:

*Please note patient MUST meet eligibility criteria for referral - further details on the last page**

1. This patient is referred to **Cardiac Rehabilitation (Fax referral to 9540 8954)**
 - Suitable for individually designed exercise program
2. This patient is referred the **Dietetics Department (Fax referral to 9540 7717)**
 - Adults service
 - Pediatrics service
3. This patient is referred to the **Heart and Lung Team (SHALT) (Fax referral to 9540 7869)**
 - Pulmonary Rehabilitation
 - Heart Failure Rehabilitation
 - Home Monitoring
 - Home Exercise Program

REASONS FOR REFERRAL

MEDICATIONS

ALLERGIES

MEDICAL/FAMILY/SOCIAL HISTORY

SUMMARY INVESTIGATION RESULTS

CONSENT

- Patient has consented to GP sharing clinical information with other health service providers? All information will be confidential. (Consent may be verbal).
- Copy of referral provided to the patient? Copy of referral added to patient's record?

.....
GP Signature

.....
Date

*** Patient Eligibility Criteria for Referral to the following Services at Sutherland Hospital***

Cardiac Rehabilitation - Fax referral to 9540 8954

- Post cardiac surgery (CABG, Valve Replacement)
- Post Acute Cardiac Event (Myocardial infarction, unstable angina, arrhythmias)
- Post Medical Device Implantation (Pacemaker, Implantable Defibrillator)
- Younger Cardiomyopathy

Heart and Lung Team (SHALT) - Fax referral to 9540 7869

a) Pulmonary Rehabilitation

- COPD
- Chronic Asthma
- Lung Disease

b) Heart Failure Rehabilitation

- CCF
- Chronic Heart Disease

Dietetics Department - Fax referral to 9540 7717

a) Adults Service

- Weight reduction - BMI > 30 or BMI 25-29.9 with co-morbidities
- Cholesterol lowering - TC >6.0mmol/l, LDL >4.0mmol/l, HDL <1.0mmol/l
- Coeliac Disease
- Irritable Bowel Syndrome
- Malnutrition
- Pregnancy related nutrition
- Patients with intellectual disability

b) Paediatric Service

- Overweight/Obese
- Introduction to solids and healthy eating
- Failure to thrive
- Constipation