



SPASTICITY MANAGEMENT SERVICE REFERRAL FORM

PLEASE ATTACH A GP REFERRAL AND FAX OR EMAIL TO:

Fax: 02 8738 5497

Email: SWSLHD-SpasticityManagementService@health.nsw.gov.au

Postal address:

Liverpool Brain Injury Rehabilitation Unit, Liverpool Hospital
Locked Bag 7103 , Liverpool BC NSW 1871 - AUSTRALIA

Phone: 02 8738 5495

Referring Doctor or Clinician

Name

Designation

Address

Phone/Fax Number

Date

Signature

Patient Details

Last Name

First Name

D.O.B

Address

Phone Number

Language

Medicare Number

Interpreter Needed? Yes No

MRN

Next Of Kin

Name

NOK

Relationship to patient

Address

Phone Number

Insurance Details

- Private Health Insurance
- Workers Compensation
- Compulsory Third Party
- Lifetime Care and Support
- Compensation Payout
- Non-compensation

Patient's GP Details

Name

Phone/Fax Number

Insurance Policy Number**Case Manager**

Name

Phone and address

Address

Diagnosis

- Stroke
- Cerebral Tumour
- Multiple Sclerosis
- TBI
- Spinal Cord Injury/Disease
- Anoxic Brain Injury
- Cerebral Palsy
- Movement Disorder
- Other (specify)

Symptom

- Spasticity
- Other (specify)
- Dystonia

Affected Area

- Left Upper Limb
- Left Lower Limb
- Other (specify)
- Right Upper Limb
- Right Lower Limb

Problems related to the spasticity

- Pain
- Skin hygiene or breakdown
- Reduced active function (specify)
- Positioning
- Carer burden
- Perineal hygiene

Current allied health interventions

- Physio
- Other
- OT
- Frequency (specify)

Previous Spasticity Treatments

- Medication
- Other (specify)
- Botulinum Toxin Injections

Anticipated goals of treatment**Attachments**

- GP Referral
- Medical History
- Current Medication List

Thank you for the referral