

Community Aged Care Services  
**Community Stroke Team Referral**

**Patient Family Name:**

**Given Names:**

**Address:**

**Suburb:**

**Postcode:**

**Date of Birth**

**SEX:**

**MRN:**

**11 Digit Medicare Number**

**Expiry Date:**

**Patient best contact number:**

**Email**

**Emergency contact: Full Name:**

**Relationship to patient:**

**Best Phone Contact details:**

**Language Spoken**

**Need for Interpreter**

**General Practitioner full name:**

- Address of Practice
- Phone Number

**Referrer full name:**

**Designation:**

**Date of Stroke:**

**Type of Stroke/TIA:**

**At time of referral:**

Mobility aid:  Nil  walking stick  walker other:

Mobility level of assistance:  independent  standby assist other:

Communication status:  needs assistance  no assistance needed

Cognitive status  impaired  not impaired

Virtual Care options  preferred method  not able/preferred  Unknown

**Reason for Referral:**

*Secondary Prevention and Self-management (Education and Exercise) – tick one*

Masterstroke (all strokes)

Location: Royal Newcastle Centre

SLAM-TIA (TIA and mild stroke)

Location: Urth Fitness Gym

Healthy After Stroke Online

Location: Virtual group program from home

*Self-managing stroke issues – tick all that apply*

Brainstorm (low mood)

Community Aphasia Group (communication difficulty)

Vitality (fatigue)

**Comments:**

**Community Stroke Team Referral**

**Please send completed form to Referral and Information Centre on:**

**Fax: 4923 6402 Phone: 4924 2590**

**Email: [HNELHD-CNRIC@health.nsw.gov.au](mailto:HNELHD-CNRIC@health.nsw.gov.au)**