XXX REHABILITATION FOR CHRONIC CONDITIONS PROGRAM

XXX Local Health Service

Rehabilitation Plan	Date:	MRN:

Surname:	Address details
Other names:	
DOB: ___ / ___ / ___ Sex: F M X U	Contact details Phone: Email:
COB: GP:	
Specialist:	Emergency contact: Name: Relationship: Phone: Email:
Medical clearance obtained? ☐ Not required ☐ Yes: medical practitioner:	Family or carer involvement: ☐ No ☐ Yes – provide details: Name: Relationship: Contact:
Primary diagnosis:	Aboriginal or Torres Strait Islander ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither
	Aboriginal Liaison Officer ☐ Not required ☐ Required
	CALD background ☐ No ☐ Yes Language spoken at home: Cultural background: Special requirements:
Functional impairments: - Physical: ☐ vision ☐ hearing ☐ speech ☐ mobility ☐ pain ☐ other	Interpreter [Local telephone interpreter service number:] ☐ Not required ☐ Required ☐ Offered ☐ Provided
- Psychosocial:	Transport assistance ☐ Not required ☐ Required, provide details:
- Cognitive:	Financial assistance ☐ Not required ☐ Bulk bill only ☐ Travel assistance ☐ Other:

Medical history:

Previous contact with this service? ☐ No ☐ Yes

Recent admissions:

Other issues:

Other services being provided

Medical services:

Social services:

Education provided? ☐ No ☐ Yes

Health literacy concerns identified?
☐ No ☐ Yes

The patient is aware of what is involved in the program: ☐ No ☐ Yes

Current medications include any complementary/alternative

Drug & dose	Prescribed	Comments

Rehabilitation goals	Progress review key: √ = achieved (no further action) **M** = maintain (achieved + further action) **O** = ongoing (not achieved - further action) **X** = abandoned (no further action) **NK** = not known	Prog	End
1.			
2.			
3.			
4.			
5.			
6.			

Therapies/services required: circle as required and provide details below

Clinical psychology	Dietician	Medical
Neuropsychology	Nursing	Occupational therapy
Physiotherapy	Social work	Speech pathology

This plan identifies the patient's own goals for rehabilitation

☐ No ☐ Yes

Patient consent to share information

☐ written ☐ verbal
☐ implied

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