

Rehabilitation in the Home (RITH) referral form

PATIENT DETAILS

Name:	Next of kin name:
Address on discharge:	Relationship:
Please affix patient details sticker here, if preferred	Next of kin phone:
Home address:	Hospital admission date:
	Planned hospital discharge date:
DOB:	Health fund:
Phone:	Membership or claim number:
Email:	Medicare number:

REFERRER DETAILS

Hospital:	
Referrer name:	Phone:
Referrer role:	Email:

FUNDER

Health Fund
 Hospital
 WorkCover
 Other

PATIENT'S MEDICAL DETAILS

Primary diagnosis/surgical procedure/current Issues:	Safety alert/infection risks:
PMHx:	Social support/living circumstances:
Allergies:	<input type="checkbox"/> Treating consultant declares patient medically stable for hospital discharge to Vitalis RITH
<input type="checkbox"/> N/A	
Treating doctor/surgeon:	RAPT Score (HCF only) (See overleaf for details) <input type="checkbox"/>
Usual GP:	

SIGNATURE

Signature:	Date:
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Please use this Risk Assessment and Prediction Tool to determine the appropriate score for your patient.

Risk Assessment and Prediction Tool (RAPT)

Item	Value	Score
1. What is your age group?	50–65 years	2
	65–75 years	1
	> 75 years	0
2. Gender?	Male	2
	Female	1
3. How far, on average, can you walk? (a block is 200 m)	2 blocks or more (±rests)	2
	1–2 blocks (the shopping center)	1
	Housebound (most of the time)	0
4. Which gait aid do you use? (more often than not)	None	2
	Single point stick	1
	Crutches/frame	0
5. Do you use community supports? (home help, meals-on wheels, district nurse)	None or one per week	1
	Two or more per week	0
6. Will you live with someone who can care for you after your operation?	Yes	3
	No	0
Your score	/12