

HAND THERAPY REFERRAL

Patient's Name: _____

Referring Doctor: _____

Patients Phone: Mobile _____ Home _____ Work _____

Patient Details: Private EPC MVA DVA W/C 3rd Party

Diagnosis: _____

Doctor's Orders: (Please specify details/request) _____

Contraindications to Management: _____

Precautions to Management: _____

Is Treatment Urgent: Yes No

EVALUATION

- Hand/Upper Limb Evaluation
- Sensory Evaluation
- Upper Limb FCE
- Job Analysis/Worksite Assessment
- ADL Assessment

TREATMENT

- Upper Limb Treatment Techniques
- Exercise Program/Prescription
- Scar/Lymphoedema Management
- Sensory Re-education/Desensitisation
- Pain Management/Education
- Strengthening

SPLINTING/ORTHOSIS

- Immobilisation/Static
- Mobilisation/Dynamic
- Torque Transmission

Any Specific Requests: _____

Signature _____ Date _____

For Enquiries Contact our Head Office at admin@sahandtherapy.com.au



**SA HAND
THERAPY**

HEAD OFFICE

638 GOODWOOD RD

DAW PARK

PH: 8277 9667

FAX: 8277 0030

MON - FRI 8.30 - 5.30

ADELAIDE

LEVEL 2, SUITE 5

285 WAKEFIELD STREET

ADELAIDE

PH: 7079 1046

MON/WED/FRI 8.30 - 5.00

MAWSON LAKES SPECIALIST CENTRE

LEVEL 1, 1 MAIN STREET

MAWSON LAKES

PH: 8262 9999

FAX: 8359 7865

MON - FRI 8.30 - 5.00

GAWLER

2b MURRAY STREET

GAWLER

PH: 8277 9667

FAX: 8277 0030

2 DAYS PER WEEK

THERAPY TEAM:

SUZANNE CARAGIANIS

MICHAEL JANETZKI

JORDAN LEFMANN

ALEX SMALLMAN

CLAIRE GEHRINGER

CORLIA VAN ROOYEN

ESTHER LEUNG

JANE STANLEY-SMITH

DARCY O'NEIL

JACQUI LANGLEY

LEAH TAYLOR

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