

SA HAND THERAPY REFERRAL



**SA HAND
THERAPY**

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Patient's Name: _____

Referrer: _____

Patients Phone Number: _____

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

NDIS Self Managed NDIS Plan Managed

Diagnosis / Referral Information: _____

Contraindications / Precautions: _____

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

DAW PARK

(HEAD OFFICE)
638 GOODWOOD RD
DAW PARK
PH: 8277 9667
FAX: 8277 0030
(MON - FRI 8.30 - 5.00)

ADELAIDE (CBD)

LEVEL 2, SUITE 5
285 WAKEFIELD STREET
ADELAIDE
PH: 7079 1046
(MON - FRI 8.30 - 5.00)

MAWSON LAKES

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
(2 DAYS PER WEEK)

BLACKWOOD

13 LAFFERS ROAD
BELAIR
(1 DAY PER WEEK)

Signature _____

Date _____