



SA HAND THERAPY

EXCELLENCE IN HAND
and UPPER LIMB CARE

www.sahandtherapy.com.au

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REFERRAL

Patient's Name: _____

Patient's Phone Number: _____

Referrer Name: _____

Patient's Details: Private EPC MVA DVA
 RTWSA 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

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

Signature: _____

Date: _____

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