



# referral indication

## Clinical population

## Indication for referral

example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Musculoskeletal</li> <li>• Acute, sub-acute &amp; chronic injury</li> <li>• Hand conditions</li> <li>• Osteoarthritis</li> <li>• Osteoporosis</li> </ul>	Acute to chronic management including bracing, gait or motor pattern retraining, strength and conditioning and pain self-management. -Bone mineral density consolidation.

example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Pain</li> <li>• CRPS</li> <li>• Chronic fatigue</li> <li>• Fibromyalgia</li> <li>• Phantom Limb</li> </ul>	Pain management including functional cognitive behavioural strategies, pain education and self-management, graded conditioning and exposure.
<ul style="list-style-type: none"> <li>• Cardiac/Pulmonary conditions</li> </ul>	Expectoration and acute symptom management, respiratory training, cardiovascular conditioning, hypertension regulation

example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Geriatric</li> <li>• Dementia/cognitive impairment</li> <li>• Post-polio syndrome</li> <li>• Sarcopenia</li> </ul>	Rehabilitation, decline mitigation
<ul style="list-style-type: none"> <li>• Cancer</li> </ul>	Chemotherapy side effect mitigation, reconditioning, co-morbidity management

example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Women's Health</li> <li>• PCOS</li> <li>• Pre/post-natal</li> <li>• Pelvic floor/continence</li> </ul>	Rehabilitation, fertility management, pain
<ul style="list-style-type: none"> <li>• Disability</li> <li>• Cerebral Palsy</li> <li>• Congenital conditions</li> </ul>	Mobility, graded conditioning, metabolic and comorbidity management

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example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Anxiety &amp; Depression</li> <li>• Addiction</li> <li>• Eating disorders</li> <li>• PTSD</li> <li>• Schizophrenia</li> </ul>	Mood regulation, cognitive behavioural strategies, endogenous opioid rehabilitation, graded conditioning, metabolic rehabilitation
<ul style="list-style-type: none"> <li>• Neurological</li> <li>• MS</li> <li>• Muscular dystrophy</li> <li>• Parkinson's</li> <li>• Stroke</li> <li>• Traumatic brain Injury</li> </ul>	Rehabilitation, mobility management, decline mitigation

example conditions	Indication for referral
<ul style="list-style-type: none"> <li>• Metabolic</li> <li>• Diabetes (I, II, GDM)</li> <li>• Metabolic Syndrome</li> </ul>	Rehabilitation, insulin sensitization, body mass regulation, comorbidity management
<ul style="list-style-type: none"> <li>• Autoimmune</li> <li>• Lupus</li> <li>• Rheumatoid Arthritis</li> </ul>	Graded conditioning, inflammatory marker regulation, pain management
<ul style="list-style-type: none"> <li>• Sporting/Athletic</li> </ul>	Training load management, performance, pain, amenorrhoea

## Referral Scheme Requirement

Referral Scheme	Requirement
<ul style="list-style-type: none"> <li>• Workcover</li> </ul>	Referral form/Letter of referral & Capacity Certificate
<ul style="list-style-type: none"> <li>• Veteran Affairs</li> </ul>	D904/Letter of referral
<ul style="list-style-type: none"> <li>• Chronic Disease Management</li> </ul>	GPMP/PTCA and CDM/EPC form
<ul style="list-style-type: none"> <li>• Diabetes Group service</li> </ul>	GPMP and Group Services form
<ul style="list-style-type: none"> <li>• Beat It (NDSS program)</li> </ul>	Referral form/Letter of referral
<ul style="list-style-type: none"> <li>• MyAged care</li> </ul>	Referral form/Letter of referral
<ul style="list-style-type: none"> <li>• NDIS</li> </ul>	Referral form/Letter of referral
<ul style="list-style-type: none"> <li>• Private/All other services</li> </ul>	Referral form/Letter of referral

- Paediatric**
- Autism
  - Cystic fibrosis
  - Osgood-schlatter's disease
  - Hypermobility syndrome
- Behavioural regulation
  - Respiratory management
  - Bracing, taping, graded conditioning





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(02) 6557 7479

Referral Date: / /

Consumers/Patients/Participants Details

Name: \_\_\_\_\_ DOB: / /

Address: \_\_\_\_\_

Contact/s: \_\_\_\_\_

Clinical Details

[Empty box for clinical details]

PLEASE SEE ATTACHED MEDICAL HISTORY

AGE CARE PACKAGE:  Level 1  Level 2  Level 3  Level 4  RTC  CHSP

Please consider this person for:

- 'Beat It'/Diabetes  Sarcopenia  Neurological Rehabilitation
 Lungs In Action/ Cardio-pulmonary Service  Osteoporosis Program/ Falls & Balance  Women's Health
 Exercise Oncology/ Cancer Services  Parkinson's & Dementia Services  Mental Health
 Back 2 Fit/ Pain Services  Return to Work

Referrer Details

[Empty box for referrer details]



Locations

Mid Coast

02 6557 7479

70 Wynter St, Taree

18 Isabella St, Wingham

9/24 Wharf St, Forster

77-81 Denison St, Gloucester Medical Centre

Port Stephens

02 4984 6200

64 Cowper St, Stroud Medical Centre

3/263 Soldiers Point Rd, Salamander Bay

Murray Riverina

02 5924 5292

Home Visits, Wagga Wagga

461B Dean St, Albury

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