

Stamp of unit referring to rehabilitation: .....

Place and date

## Referral to LOCOMOTOR SYSTEM REHABILITATION PROGRAMME

1. Surname and first name: .....
2. Date of birth/Personal Identification Number PESEL: .....
3. Address, telephone .....
- .....
4. Professionally active YES/NO\* .....
5. Diagnosis and statistical no. of the primary disease being the reason for the referral to rehabilitation .....
- .....
6.
  - date of accident.....
  - date of hospitalisation.....
  - date of surgical treatment.....
7. Co-existing diseases with consideration of the exercise capacity .....
- .....
8. Possessed medical equipment
  - Crutches YES/NO\*
  - Walker YES/NO\*
  - Wheelchair YES/NO\*
  - Others YES/NO\*

\* cross out inapplicable

\* fill in the form legibly – with capital letters



9. Barthel scale\*

Defecation	0	incontinence
	1	sporadic incontinence
	2	controlled
Urination	0	incontinence (catheter)
	1	sporadic disorders
	2	controlled
Personal hygiene (washing, combing, shaving)	0	requires assistance
	1	does not require assistance
Physiological needs	0	dependent
	1	with assistance
	3	independently
Eating meals	0	fed
	1	with assistance
	2	independently
Moving around (bed – chair)	0	incapable
	1	with significant assistance
	2	with little assistance
	3	independently
Walking	0	incapable
	1	on a wheelchair
	2	with an assistant
	3	independently
Dressing up	0	incapable
	1	with assistance
	2	independently

Climbing the stairs	0	incapable
	1	with assistance
	2	independently
Bathing	0	with assistance
	1	independently

10. Lovett scale\*

0	Lack of active muscle contraction
1	A trace of active contraction
2	Clear muscle contraction and ability to perform a movement with the assessing person's assistance and with loading the body section by a given muscle
3	Ability to perform an active movement against gravity of the respective body section
4	Ability to perform an active movement against some resistance
5	Appropriate strength, i.e. Ability to perform an active movement against full resistance

\*mark applicable

Contact telephone: +48 33 854 54 54

**IMPORTANT!**

**Please take all medical documentation that you have and drugs that you are taking**

PHYSICIAN'S SIGNATURE AND STAMP



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