HammondCare

GREENWICH HOSPITAL
AMBULATORY REHABILITATION SERVICES
REFERRAL FORM

AFFIX PATIENT LABEL HERE
(FOR OFFICE USE ONLY)

Refer to:

- ☐ **Dr Fey Ching Un**
  Director of Rehabilitation Services
- ☐ **A/Prof Andrew Cole**
  Medical Officer (Lymphoedema Clinic)
- ☐ **Dr Purdy Lau**
- ☐ **Dr Yvette Kosch**
- ☐ **Dr Elizabeth Thompson**

Services required:

☐ **Rehab Centred Ambulatory Rehab**

- ☐ Physiotherapy
- ☐ Exercise physiology
- ☐ Dietetics
- ☐ Occupational Therapy
- ☐ Hydrotherapy

(*Please complete medical clearance form and attach Greenwich Hydro Medical Clearance)*

- ☐ Psychology
- ☐ Speech Pathology
- ☐ Stroke Circuit Group
- ☐ Lymphoedema Clinic
- ☐ Medical Rehab Clinic

☐ **Home Based Rehabilitation (HBR)**

- ☐ Physiotherapy
- ☐ Occupational Therapy

Patient Information

Name Mr/Mrs/Ms/Dr: _____ DOB: _____/_____/_____

Address: _____

Patient Phone Number: _____ Mobile: _____

Emergency Contact Person: _____ Phone number: _____

Medicare Number: _____ DVA No: _____ DVA Card Colour: _____

Private Health Insurance: _____ Fund No: _____

Reason for Referral/Clinical Notes:

_____

_____

_____

_____

_____

Please attach the following with referral:

- ☐ Patient Health Record
- ☐ Medication List
- ☐ Discharge Summary
- ☐ Pathology/Radiology
- ☐ Other: _____

Referring Doctor Details:

Name: _____

Provider No: _____

Practice Address: _____

_____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Please forward completed form and attachments to:

Rehab Ambulatory Coordinator
Greenwich Hospital
PO Box 5084, 97-115 River Road,
Greenwich NSW 2065

Rehab Ambulatory: Phone: 8437 7352 Fax: 9903 8269
Hydrotherapy: Phone: 9903 8387

Email: greenwichrehab@hammond.com.au

BINDING MARGIN - NO WRITING

AMBULATORY REHABILITATION SERVICES REFERAAL FORM