

AFFIX PATIENT LABEL HERE
(FOR OFFICE USE ONLY)

**Greenwich Hospital
Ambulatory Rehabilitation
Services Referral Form**

BINDING MARGIN – NO WRITING

AMBULATORY REHABILITATION SERVICES REFERRAL FORM

Refer to:

<input type="checkbox"/> Dr Fey Ching Un Director of Rehabilitation Services	<input type="checkbox"/> Dr Purdy Lau
<input type="checkbox"/> A/Prof Andrew Cole Medical Officer (Lymphoedema Clinic)	<input type="checkbox"/> Dr Yvette Kosch
	<input type="checkbox"/> Dr Elizabeth Thompson

Services required:

<input type="checkbox"/> Rehab Centred Ambulatory Rehab <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Psychology <input type="checkbox"/> Exercise physiology <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Dietetics <input type="checkbox"/> Stroke Circuit Group <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> phoedema Clinic <input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Medical Rehab Clinic <small>(Please complete medical clearance form and attach Greenwich Hydro Medical Clearance)</small>	<input type="checkbox"/> Home Based Rehabilitation (HBR) <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy
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Patient Information

Full Name (Mr/Mrs/Ms/Dr/Other) Date of Birth

Address

Patient Phone Patient Mobile

Emergency Contact Person Phone

Medicare No. DVA No. DVA Card Colour

Private Health Insurance Fund No.

<p>Reason for Referral/Clinical Notes</p>	<p>Please attach the following with referral:</p> <input type="checkbox"/> Patient Health Record <input type="checkbox"/> Medication List <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Pathology/Radiology <input type="checkbox"/> Other <input type="text"/>
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<p>Referring Doctor Details</p> <p>Name <input type="text"/></p> <p>Practice Address <input type="text"/></p> <p>Provider No. <input type="text"/> Phone <input type="text"/> Fax <input type="text"/></p> <p>Signature <input type="text"/> Date <input type="text"/></p>	<p>PLEASE FORWARD COMPLETED FORM AND ATTACHMENTS TO:</p> <p>Rehab Ambulatory Coordinator Greenwich Hospital PO Box 5084, 97-115 River Road Greenwich NSW 2065</p> <p>Rehab Ambulatory T: 8437 7352 F: 9903 8269</p> <p>Hydrotherapy T: 9903 8387 E: greenwichrehab@hammond.com.au</p>
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