

**GREENWICH HOSPITAL
AMBULATORY REHABILITATION SERVICES
REFERRAL FROM**

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOB	M.O	
ADDRESS		
LOCATION/ WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

GREENWICH HOSPITAL AMBULATORY REHABILITATION SERVICES REFERRAL FORM

BINDING MARGIN - NO WRITING

Please submit completed referral forms to:
Email: greenwichrehab@hammond.com.au **Fax:** (02) 9903 8269

Patient Information (if patient label not available)
 Name: _____ DOB: _____
 Address: _____
 Patient Phone Number: _____ Mobile: _____
 Emergency Contact Person: _____ Phone number: _____
 Medicare Number: _____ Private Health Insurer/DVA details: _____

Please select services required:

<p>Clinic-based Ambulatory Rehabilitation Services:</p> <input type="checkbox"/> Rehabilitation Physician <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Clinical psychology <input type="checkbox"/> Exercise physiology <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Dietetics <input type="checkbox"/> Lymphoedema clinic <input type="checkbox"/> Hydrotherapy (fee-paying or via Private Health Insurance)	<p>Home-Based Rehabilitation Services:</p> <input type="checkbox"/> Patient has SMART <u>Home-Based</u> Rehabilitation goals, and/or patient's circumstances prohibit them from attending clinic-based services. <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational therapy
---	--

Refer to a Rehabilitation Physician (if required):
 Dr Fey-Ching Un **A/Prof Andrew Cole**

SMART rehabilitation goals as discussed with patient:

Attached with this referral:

 Patient Health Record
 Medication List
 Discharge Summary
 Other: _____

Referrer details:
 Name: _____
 Provider No (if applicable): _____
 Practice Address: _____

 Phone: _____ Fax: _____
 Signature: _____ Date: _____

Contact us:
Address:
 97-115 River Road.
 Greenwich NSW 2065
Phone:
 Reception: (02) 9903 8333
 Clinical Intake Line: 0467 505 646
Email: greenwichrehab@hammond.com.au