

# Day Rehabilitation Program Referral

Day Rehabilitation Unit | Suite 1, Level 4, 457 Wickham Terrace, Spring Hill QLD 4000

P: 07 3834 4285 F: 07 3834 4291 E: sawmh-dayrehab@uchealth.com.au

## Patient details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Private Health Cover ☐ Yes ☐ No

Private Health Insurer: \_\_\_\_\_ Membership No: \_\_\_\_\_

Work Cover No: \_\_\_\_\_

## Referring Specialist/GP

Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Provider No: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## Clinical notes

Diagnosis: \_\_\_\_\_

Date of onset: \_\_\_\_\_

Relevant previous medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Problems/Symptoms to be addressed through Day Rehabilitation Program: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Referred to:** ☐ Dr Hoa Lu ☐ Dr Polly Tsai

Thank you for completing our referral form: a referring letter outlining condition and past medical history in more detail would also be greatly appreciated.

**Please fax this form to the Day Rehabilitation Unit on 3834 4291**