

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@uhealth.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 ☐ Dr Joyita Bhattacharya ☐ Dr Gunjeet Minhas
☐ Dr Wilbur Chan ☐ Dr Fiona Harris

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