

# Outpatient Medical Rehabilitation and Aged Care Clinics Referral Form

Please Fax to:  
**(08) 8404 2263**

**Private patients are Medicare bulk billed for outpatient clinic services**

Patient details	Date of referral: _____ / _____ / _____
Surname: .....	DOB: _____ / _____ / _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Name(s): .....	Telephone: .....
Address: .....	Mobile: .....
.....	Medicare number: .....
.....	MRN: .....
.....	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Postal address (if different from above): .....	Compensable: .....
.....	DVA number: .....
.....	Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	If yes, language: .....
GP details	
Name: .....	Contact Number: .....
Substitute decision maker/person responsible/next of kin	
Name: .....	Relationship: .....
Contact number: .....	Patient consent to referral: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please only tick ONE box below**

4th Generation Outpatient medical only assessment clinics - indicate preferred doctor
PLEASE NOTE- ALL INITIAL CONSULTS REQUIRE AN IN-CLINIC APPOINTMENT. TELEHEALTH SERVICES ARE AVAILABLE FOR SUITABLE CLIENTS FOR REVIEW APPOINTMENTS. SEE * SERVICES BELOW
<b>REHABILITATION CLINICS</b>
<b>*Driving Fitness Assessment</b>
<input type="checkbox"/> A/Prof Zoe Adey-Wakeling <input type="checkbox"/> Dr Su-Min Wong <input type="checkbox"/> Dr Subbuh Luker <input type="checkbox"/> Registrar
<b>*Neurorehabilitation Clinic</b>
<input type="checkbox"/> Dr Yulia Kravchenko <input type="checkbox"/> Dr Kandegama Subha Senewiratha <input type="checkbox"/> Registrar
<b>*Musculoskeletal Rehabilitation</b>
<input type="checkbox"/> Dr Charitha Perera <input type="checkbox"/> Registrar
<b>General Rehabilitation</b> (includes chronic stroke)
<input type="checkbox"/> Dr Maria Crotty <input type="checkbox"/> Dr Vun Vun Wong
<b>Spasticity Clinic</b>
<input type="checkbox"/> Dr Lydia Huang <input type="checkbox"/> Dr Hong Mei Khor <input type="checkbox"/> Dr Yulia Kravchenko <input type="checkbox"/> Dr Taha Ali <input type="checkbox"/> Registrar
<b>Fragility Fracture Service</b>
<input type="checkbox"/> Dr Kirrily Holton <input type="checkbox"/> Dr Kisani Manuel
<b>Youth Rehabilitation Transition Clinic</b>
<input type="checkbox"/> Dr Lydia Huang
<b>Frailty Clinic</b>
<input type="checkbox"/> Prof Maria Crotty <input type="checkbox"/> Dr Kisani Manuel

