HammondCare
An independent Christian charity

Greenwich Hospital Rehabilitation Services

REFERRAL FORM Fax- 02 9903 8269

Referral to: **Dr Garry Pearce** (Director of Rehabilitation Services)

Patient's full name**: (Please PRINT)**

Mr/Mrs/Ms/Dr:_____DOB: ____/____/_____

Residential address:_____

_____Post Code:_____

Patient telephone no: _____Mobile:_____

Next of Kin Name: _____ Relationship:_____

Phone:_____Mobile:_____

General Practitioner Name & Phone No: (if the same as the referrer, see below)

_____

Reason for Referral:

_____

_____

CLINICAL NOTES: (or a separate attachment)

_____

_____

_____

Service required:

- ☐ **Rehabilitation Physician Clinics**
- ☐ **Day Hospital – contains many programs**
- ☐ **Hydrotherapy**
- ☐ **Fitness Gym**
- ☐ **Home Based Rehabilitation**
- ☐ **Lymphoedema**
- ☐ **Driving Assessment & Training**
- ☐ **Inpatient Rehabilitation Hospital Care**
- ☐ **Pain Management**
- ☐ **Palliative Care Medical Clinics**

Medicare No:….
Private Health Ins Name & No:…

DVA No: ….
Compensable details: …

Referring doctor details

Dr:

Practice:

NSW 2…

Provider No: Date: / / 20

Signature:

Other Referrer details:

Name & Position:

Contact phone No:

Email or Fax No:

The patient will be contacted and a medical appointment booked & you will be kept informed. Please forward completed form by fax/email or post, along with patient health summary to:

Contact Person: *Jenny Purcell (RN/CNS): Ambulatory Services, Greenwich Hospital*
PO Box 5084, 97-115 River Rd, Greenwich NSW 2065
E: jpurcell@hammond.com.au B: (02) 9903 8273 F: (02) 9903 8269