



HammondCare

**GREENWICH HOSPITAL
AMBULATORY REHABILITATION SERVICES
REFERRAL FORM**

AFFIX PATIENT LABEL HERE

AMBULATORY REHABILITATION SERVICES REFERRAL FORM

Referral to:

- Dr Fey Ching Un
- A/Prof Andrew Cole

Chief Medical Officer-Cancer Rehabilitation

- Dr Purdy Lau
- Dr Elizabeth Thompson
- Dr Philip Siddall

Services requested:

Rehabilitation Clinic Services

- Physiotherapy
- Exercise physiology
- Dietetics
- Occupational Therapy
- Hydrotherapy*
- Psychology
- Speech Pathology
- Stroke Circuit Group
- Lymphoedema Clinic
- Medical Rehab Clinic
- Other

**(Please complete medical clearance form and attach Greenwich Hydro Medical Clearance)*

Home Based Rehabilitation (HBR)

- Physiotherapy
- Occupational Therapy

Patient Information: Mr/Mrs/Ms/Dr Name: : _____ DOB: ____/____/____

Address: _____

Patient Phone Number: (____) _____ Mobile: _____

Patient Email: _____

Emergency Contact Person: _____ Phone no: _____

Medicare No: _____ DVA No: _____ DVA Card Colour: _____

Health Fund Name: _____ Fund No: _____

Reason for Referral/Clinical Notes:

Please attach the following where relevant:

- Patient Health Record
- Medication List
- Hospital Discharge Summary
- Pathology/Radiology
- Greenwich Hydro Clearance Form
- Other: _____

Referring Doctor Details:

Name: Dr: _____

Provider No: _____

Address: _____

Phone: _____ Fax _____

Signature: _____ Date: ____/____/____

Please send completed form and attachments to:

Ambulatory Rehabilitation Coordinator
 Greenwich Hospital
 PO BOX 5084
 97-115 River Rd
 Greenwich NSW 2065
 Phone: 8437 7352 Fax: 9903 8269
 Email: greenwichrehab@hammond.com.au

BINDING MARGIN - NO WRITING