

Greenwich Hospital Rehabilitation Services

REFERRAL FORM

Fax- 02 9903 8269

Dr Fey-Ching Un - Consultant Rehabilitation Medicine & Director of Rehabilitation Services
Dr Purdy Lau - Consultant Rehabilitation Medicine
A/Prof Andrew Cole - Consultant Rehabilitation Medicine & Chief Medical Officer (Lymphoedema Clinic)
Dr Yvette Kosch - Consultant Rehabilitation Medicine

Please send this referral to Dr Un.
 Unless otherwise indicated patients will be allocated to the next available consultant or the consultant with the greatest expertise.

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/Outpatient Service - multidisciplinary day rehabilitation programs
- Home Based Rehabilitation Service
- Lymphoedema Clinic
- Driving Assessment & Training Service
- Inpatient Rehabilitation Hospital Care

Medicare No:....

Private Health Ins Name & No:...

DVA No:

Compensable details: ...

Referring doctor details:

Dr:

Practice:

Provider No: _____ Date: NSW / 2... / 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: Jennifer 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