DONVALE
REHABILITATION HOSPITAL

1119 Doncaster Road Donvale Vic 3111
Ph: (03) 9841 1400 Fax: (03) 9842 7276

OUTPATIENT REFERRAL

Unit Record Number:

Family Name: _____

Given Names: _____

Date of Birth: ☐☐☐☐☐☐☐☐ Age: ☐☐

Sex: ☐

OR USE LABEL

HOW TO REFER

Email: outpatient.drh@ramsayhealth.com.au **Fax:** (03) 9841 1405 **Phone:** (03) 9841 1490

Please note referrals must be from a Medical Doctor. Please contact the Outpatient Receptionist if any further information is required.

PATIENT DETAILS

Surname: _____ First Name: _____ DOB: _____

Address: _____

Mobile: _____ AH: _____ BH: _____

(Alternate contact details – complete only if required (eg NESB)

Name: _____ Phone: _____

DIAGNOSIS / REASON FOR REFERRAL (Please attach additional information if required)

_____

_____

_____

_____

_____

HEALTH FUND DETAILS

☐ Health Fund: _____ ☐ TAC Date of Accident: _____

Membership/Claim No. _____ ☐ WC

Referral Period: ☐ 3 months ☐ 12 months ☐ Indefinite ☐ DVA

REFERRING DOCTOR

Name: _____ **Provider Number:** _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date of Referral: _____

Our Outpatient Services include: individually tailored programs consisting of Physiotherapy, Hydrotherapy, Exercise Physiology, Occupational Therapy, Speech Therapy, Dietetics, Psychology. We also provide Cardiac and Pulmonary Rehabilitation Programs and a Persistent Back Pain Program.

RHC100.14

APR
2015

OUTPATIENT REFERRAL

MR 1019