

Inpatient Rehabilitation Referral

For general enquiries, please contact us on: (08) 8179 4200

Patient Details (or patient ID sticker):

Surname:	First Name:	Date of birth: / /
Address:		
Suburb:		Postcode:
Phone:	Gender: ☐ M ☐ F ☐ Other	
Email:		
Health Fund/Insurance:		Membership/Claim No:
Medicare No:	Number on card:	Medicare Expiry: /

Referring Diagnosis:

Date ready for admission to GRH:	/	/

Any additional comments (optional):

Referring Doctor/Specialist:

Name:	Provider No:
Hospital/Ward/Clinic Name:	
Phone:	
Email:	
Signature:	Date of Referral: / /

Griffith Rehabilitation Hospital

13 Dunrobin Road,
Hove SA 5048

Email preferred

Please send this completed referral to:

griffith.admissions@healthscope.com.au

OR Fax: (08) 8377 0543