Day Rehabilitation Referral

Griffith REHABILITATION HOSPITAL by Healthscope

FOR GENERAL ENQUIRIES, PLEASE CONTACT US **Phone:** (08) 8179 4202

Program:

☐ Orthopaedic	☐ Neurological	☐ Back Care/Spinal	☐ Vehicle Injury
☐ Reconditioning	☐ Cancer/Oncology	☐ Work Injury	☐ Other

Patient Details:

Surname:	First Name:	Date of birth: / /
Address:		
		Postcode:
Mobile:	Home Ph:	
Email:		
Health Fund:	Membership/Claim No:	
Medicare No:	Number on card:	Medicare Expiry: /

Diagnosis / Reason for referral: (Please attach additional information as required)

Contact Precautions (ie MRSA/VRE/ESBL)? If Yes, please contact prior to referring.

Patient appropriate for hydrotherapy? Yes ☐ No ☐ **Cleared to commence from:** / /

Relevant Past History: (Please provide current medication list)

Referring Doctor/Specialist: (AH or nursing referrals cannot be accepted)

Name:	Provider No:	
Address:		
Clinic Name:	Phone:	
Email:	Fax:	
Signature:	Date of Referral:	Date Received:

Griffith Rehabilitation Hospital
13 Dunrobin Road,
Hove SA 5048

[VER 1.0 Dec 2024/QC]

Email preferred

Please send this completed referral to:
grhdayrehab@healthscope.com.au
OR Fax: (08) 8298 5520

SUBMIT FORM

CLEAR FORM