Mater
Private Hospital Brisbane

Mater Private Hospital Brisbane
Rehabilitation Unit
41 Annerley Road
South Brisbane QLD 4101
Phone: 07 3163 1600 Fax: 07 3163 2747

Exceptional People. Exceptional Care.

Rehabilitation referral form

(Please fax to 07 3163 2747)

Patient Details

Name: .... Hospital/ward: ....

Address: ....

Home telephone: .... Mobile: ....

DOB: .... Date of referral: .... Date ready for rehab: ....

Referring Doctor/ Person: .... Refer to: ....

Address: ....

Home telephone: ....

Referral for: ☐ Inpatient rehabilitation
☐ Day therapy program

Diagnosis: ....

Date of onset: ....

Infection control needs: ☐ Yes ☐ No Oxygen/suction needs: ☐ Yes ☐ No

Relevant previous medical history: ....

....

Main functional problems/symptoms to be addressed though a rehabilitation program:

1. ....
2. ....
3. ....

Funding for Rehabilitation Program

Name of private health insurer: ....

Membership number: ....

Self funded: .... WorkCover: ....

Please **FAX** this form to the Rehabilitation Coordinator (07 3163 2747)
For further information about the unit please telephone 07 3163 1600
or visit www.mater.org.au/rehab-brisbane