



**REFERRAL TO MATER
PRIVATE HOSPITAL BRISBANE
REHABILITATION UNIT**

Unit Record No. _____
Surname _____
Given Names _____
DOB _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

Please send patients progress notes and medication charts with referral form (if applicable).

Patient Details

Given name(s):		Surname:	
URN:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex	Date of birth: ____ / ____ / ____	
Address			
Suburb:		State:	Postcode:
Home phone:		Mobile phone:	
Hospital:		Ward:	

Referral Details

Date of referral: ____ / ____ / ____	Date ready for rehab: ____ / ____ / ____
Referral to:	Referral for: <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> Day Therapy Program
Referring doctor's name:	
Contact details:	
Previous rehab admission: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, previous doctor's name: _____	

Referral Details

Diagnosis:		
Date of onset	Height (cm):	Weight (kg):
Oxygen/suction needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Infection control needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relevant previous medical history:		
Alerts:		
Main problems/symptoms to be addressed through the rehabilitation program:		
1. _____		
2. _____		
3. _____		
Rehab program type: <input type="checkbox"/> Day therapy <input type="checkbox"/> Inpatient rehabilitation <input type="checkbox"/> Lower limb ortho <input type="checkbox"/> Upper limb ortho <input type="checkbox"/> Neuro <input type="checkbox"/> Reconditioning <input type="checkbox"/> Pain management (chronic)		

Funding for Rehabilitation Program

Health fund name:	Health fund number:
Self-funded:	WorkCover:

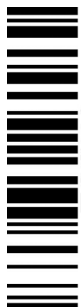
Referrer's signature:

Please email completed form to: arc.rehab@mater.org.au

For further information about the unit, please telephone (07) 3163 1600 or visit www.mater.org.au/rehab-brisbane

Referral does not guarantee placement on the Rehabilitation Program.

Confirmation that patient has been accepted on Rehabilitation Program is to be obtained prior to transfer being arranged.



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All clinical form creation and amendments must be conducted through Health Records.

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