





Patient Name	
Address	Phone Number:
GP:	Phone Number:
Medicare Number:	

<b>PATIENT GOALS (include anticipated discharge destination):</b>

<b>KEY ISSUES:</b>

<b>Rehabilitation Physician or Geriatrician's Opinion:</b>

<b>RECOMMENDATION:</b>
Date:                      Rehabilitation <input type="checkbox"/> GEM <input type="checkbox"/> Community <input type="checkbox"/> Residential Care <input type="checkbox"/> Transition Care <input type="checkbox"/>
Rehabilitation Stream (please circle): ABI/ Aged Care Ortho/ Neuro/Amputee/ General Rehab/ Neurology/ Ortho/ Spinal
Waitlist for: Heidelberg Repatriation Hospital <input type="checkbox"/> Royal Talbot Rehab Centre <input type="checkbox"/> Other <input type="checkbox"/>

<b>PLEASE EMAIL COMPLETED REFERRAL TO <a href="mailto:externalreferrals@austin.org.au">externalreferrals@austin.org.au</a> AND ATTACH:</b>
Latest Pathology <input type="checkbox"/>
Latest Observations <input type="checkbox"/>
Relevant Imaging <input type="checkbox"/>
Medication Chart <input type="checkbox"/>