



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

PATIENT GOALS (include anticipated discharge destination):

KEY ISSUES:

Rehabilitation Physician or Geriatrician's Opinion:

RECOMMENDATION:
Rehabilitation <input type="checkbox"/> Stream (please circle): ABI/Neuro/Amputee/General Rehab/GEM/Spinal
GEM <input type="checkbox"/> Stream (please circle): Ortho/Neuro/General GEM
Better at Home Subacute <input type="checkbox"/>
ACAS <input type="checkbox"/>
Residential Care <input type="checkbox"/>
Transition Care Program <input type="checkbox"/> Residential <input type="checkbox"/> Community <input type="checkbox"/>
Patient Consents to Waitlist for:
Heidelberg Repatriation Hospital <input type="checkbox"/> Royal Talbot Rehab Centre <input type="checkbox"/> Twin Parks <input type="checkbox"/>
Better at Home Subacute <input type="checkbox"/> Other <input type="checkbox"/>

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



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