



Referral form for Physiotherapy

Date of admission: _____

Date of surgery: _____

Surgeon: _____

Anticipated discharge date: _____

Patient contact number: _____

BRADMA
(if applicable)

Patient email address: _____

Reason for referral: _____

Past Medical History: _____

Discharge Details/Living Situation

Type of facility: ☐ Single Storey House

☐ Double Storey House

☐ Unit

☐ Apartment

☐ Townhouse

☐ Residential Care: _____

Lives: ☐ Alone

☐ With Spouse/Partner: _____

☐ Other: _____

Relationship: _____

Next of kin/ Emergency Information

Name: _____ Phone: (H) _____

Relationship: _____ (M) _____

Referral and funding information (if applicable)

Doctor Name: _____ Doctor's Practice: _____

Hospital: _____ Referrer Name: _____

Email: _____ Phone #: _____ Fax #: _____

Physiotherapy Funding: ☐ Self Funding ☐ EPC ☐ DVA Gold Card

☐ Workcover/TAC ☐ Brokerage

Number of Brokered Sessions: _____
(To be invoiced to: _____)

Fax Completed form to: (03) 8640 0566
or alternatively
email to: info@rehabready.com.au