

## Patient details

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Medicare no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Primary GP (if not referrer): \_\_\_\_\_

# Referral Form

Please forward to: eden.private@healthcare.com.au or fax: 07 5447 7592

Date: \_\_\_\_\_ Referral Form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other information

Diagnosis: \_\_\_\_\_

Patient location: Home  Hospital  Ward: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Health fund: \_\_\_\_\_ Health fund no.: \_\_\_\_\_ Self funded:

DVA  Card: \_\_\_\_\_ NDIS  Card: \_\_\_\_\_ Home Care Package  Card: \_\_\_\_\_

Other: \_\_\_\_\_

## Specialist doctor referring

Dr: \_\_\_\_\_ Provider no.: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice name: \_\_\_\_\_ Phone: \_\_\_\_\_

<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Medical admission	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Pain management
<input type="checkbox"/> Inpatient admission <input type="checkbox"/> Day program <input type="checkbox"/> To VMO / Outpatient appt.		<input type="checkbox"/> Admission <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> To VMO / Outpatient appt.	<input type="checkbox"/> Admission <input type="checkbox"/> Day program <input type="checkbox"/> To VMO / Outpatient appt.
<b>Primary reason for referral:</b>		<b>Date of operation / event:</b>	
<b>Relevant medical history:</b>			
<b>Referral for Day Rehabilitation programs</b> (please tick)			
<input type="checkbox"/> Orthopaedic <input type="checkbox"/> Cardiac <input type="checkbox"/> Oncology	<input type="checkbox"/> Trauma injury/event <input type="checkbox"/> Reconditioning <input type="checkbox"/> Neurological and ABI <input type="checkbox"/> Pain management	<input type="checkbox"/> Parkinson's <input type="checkbox"/> PD Warrior <input type="checkbox"/> LSVT - Loud	<input type="checkbox"/> Vestibular dysfunction <input type="checkbox"/> Amputee Clinic <input type="checkbox"/> Memory Clinic

Our Admissions and Assessment Coordinator will contact you shortly to discuss your referral.

## Eden Private Hospital

50 Maple Street, Cooroy QLD 4563

Admissions and Assessment: 1800 EDENPH (1800 333 674)

General Enquiries T: 07 5472 6472 F: 07 5447 7592

E: eden.private@healthcare.com.au / edenprivate.com.au