

Epworth Rehabilitation Referral Facsimile



Attention Rehabilitation Admissions Coordinator

Preferred Hospital

Date _____

Epworth Rehabilitation Richmond – Fax: 03 9426 6780

Epworth Rehabilitation Brighton – Fax: 03 9593 1276

Epworth Rehabilitation Camberwell – Fax: 03 9805 4174

Patient Name _____

Address _____

Phone _____

DOB _____

Program Inpatient Day / Outpatient

Funding Body DVA TAC VWA Comcare Private Health _____

Membership / Claim Number _____ Exp Date _____

Diagnosis / Current Issues _____

Referring Clinician _____ Profession _____

Signature _____

Referring Dr/Physician _____ Signature _____

Referring Hospital/Practice _____ Phone _____

Date Ready for Transfer _____

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