

# Inpatient Rehabilitation Referral

## Specialist rehabilitation for:

- Neurological conditions
- Orthopaedics
- Post-spinal surgery
- Reconditioning

Royal Rehab is an Affiliated Health Organisation (AHO) that includes two private hospitals based in Petersham and Ryde.

Royal Rehab Private Petersham and Royal Rehab Private Ryde are leading Rehabilitation facilities of choice for overnight inpatient nursing and medical care. Both locations offer innovative evidence-based programs, on-site hydrotherapy and a dedicated multidisciplinary team of professionals committed to helping patients achieve their goals.

Our skilled and professional team include rehabilitation specialists, physiotherapists, exercise physiologists, speech pathologists, occupational therapists, dietitians, clinical psychologists, social workers and rehabilitation nurses.

Individually tailored programs are developed for patients based on mutually agreed and meaningful goals.

**Cost:** Varies depending upon level of private health insurance cover.

**Referrals:** Referrals welcome from specialist consultants, rehabilitation physicians, and general practitioners (see referral form over).

Royal Rehab has been delivering quality rehabilitation services for over 120 years.



Royal Rehab Private Petersham  
275 Addison Road, Petersham NSW 2049  
P (02) 8585 4900 F (02) 9564 3064  
E [petersham@royalrehab.com.au](mailto:petersham@royalrehab.com.au)  
[royalrehab-petersham.com.au](http://royalrehab-petersham.com.au)

Royal Rehab Private Ryde  
235 Morrison Road, Ryde NSW 2112  
P (02) 9809 9011 F (02) 8088 4316  
E [referrals@royalrehab.com.au](mailto:referrals@royalrehab.com.au)  
[royalrehab-ryde.com.au](http://royalrehab-ryde.com.au)

Date of referral \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date ready for transfer \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please indicate Patient Hospital Preference**

ROYAL REHAB PRIVATE PETERSHAM

Please fax to (02) 9564 3064

275 Addison Road, Petersham NSW 2049

P (02) 8585 4900 F (02) 9564 3064

E [petersham@royalrehab.com.au](mailto:petersham@royalrehab.com.au)

ROYAL REHAB PRIVATE RYDE

Please Fax to (02) 8088 4316

235 Morrison Road, Ryde NSW 2112

P (02) 9809 9011 F (02) 8088 4316

E [referrals@royalrehab.com.au](mailto:referrals@royalrehab.com.au)

Does the patient consent to being contacted in relation to referral?

Yes  No

**Patient Details** - use label of referring organisation if available

Patient name \_\_\_\_\_ Title  Ms  Mrs  Mr  Dr  Other

Address \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female  Intersex  Other  Not stated

Aboriginal/ Torres Strait Islander:  Yes  No  Prefer not to answer

Country of birth \_\_\_\_\_ Language \_\_\_\_\_ Interpreter:  Yes  No

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Person to notify \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

GP name \_\_\_\_\_ GP phone \_\_\_\_\_

**Health Fund Details**

Medicare no. \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health fund \_\_\_\_\_ Membership no. \_\_\_\_\_

Is this injury the result of an insurable accident?  Yes  No  CTP  Workers Comp Claim no. \_\_\_\_\_

Case manager \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Clinical details**

Diagnosis/Operation \_\_\_\_\_

Admission Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Surgery Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Details and Pre Existing Conditions \_\_\_\_\_

Allergies  NKA  Yes Allergies: \_\_\_\_\_

Infection Status Gastro symptoms  Yes  No Flu symptoms  Yes  No

Transmission Precautions  Nil  VRE/ESBL/CRE  MRSA  Cytotoxic

Cognition  Alert  Orientated  Confused  Impulsive behaviour

Nutrition  Oral  PEG Diet \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hip Width \_\_\_\_\_

Mobility/transfers  Independent  Assist \_\_\_\_\_ person(s)  Mobility Aid \_\_\_\_\_

FWB/WBAT  PWB  TWB  NWB (for \_\_\_\_\_ more weeks)

**Rehab Program**

Rehab Goals \_\_\_\_\_

Discharge Destination \_\_\_\_\_

**Referral details**

Referring Facility \_\_\_\_\_ Unit/Ward \_\_\_\_\_ Phone \_\_\_\_\_

Referring Medical Specialist \_\_\_\_\_ Provider no. \_\_\_\_\_ Signature \_\_\_\_\_

Accepting Royal Rehab VMO \_\_\_\_\_ Signature \_\_\_\_\_