Royal Rehab Private

Inpatient Referral

Specialist rehabilitation for:

Stroke recovery ● Neurological conditions ● Orthopaedics

Post-spinal surgery ● Reconditioning

Royal Rehab Private Hospital offers 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 psychologist, and nurses. Royal Rehab Private Hospital is a leading facility of choice for those requiring overnight inpatient nursing and medical care.

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 100 years.

Royal Rehab Private Hospital, 235 Morrison Road, Ryde NSW 2112

T. (02) 9809 9011 F. (02) 8088 4316 E. referrals@royalrehab.com.au

royalrehab.com.au

Royal Rehab Private

Inpatient Referral

(PPRF.319)

Date of referral: __ __ / __ __ / __ __

Date ready for transfer: __ __ / __ __ / __ __

Email to: referrals@royalrehab.com.au
Fax to: (02) 8088 4316
Enquiries: (02) 9809 9011

Use label of referring organisation if available:

Name: _____ Title: Ms Mrs Mr Dr

Address: _____

Phone numbers: Home: _____ Work: _____ Mob: _____

Email: _____

DoB: __ __ / __ __ / __ __ Age: _____ Sex: _____ Country of birth: _____

Language: _____ Interpreter required: Yes / No Aboriginal/Torres Strait Islander: Yes / No

Person to notify: _____ Relationship: _____

Phone numbers: Home: _____ Work: _____ Mob: _____

General Practitioner: _____ Phone number: _____ Fax: _____

Address: _____

HEALTH FUND DETAILS

BUPA MBP HCF NIB DVA Gold Workcover CTP LTCS Other: _____

Membership No: _____

Medicare No: __ __ __ __ __ __ __ __ __ __ / __ __ Exp: __ __ / __ __ __ __

Surgery: _____ Date: __ __ / __ __ / __ __

Medical Details: _____

_____

Pre-existing conditions: _____

_____

Does the client have difficulty communicating? Yes / No	Is the client orientated? Yes / No

Mobility: _____

Weight bearing status: Non-weight bearing Touch Partial WBAT Full

REHAB PROGRAM ☐ Reconditioning ☐ Orthopaedic ☐ Neuro

Rehab goals: _____

_____

Discharge destination post rehabilitation: _____

REFERRING FACILITY: _____ Unit/Ward: _____ Phone number: _____

Referring Medical Specialist: _____ Provider No: _____ Signature: _____

Accepting Royal Rehab VMO: _____ Signature: _____