

## Royal Rehab Private Hospital Day Rehabilitation

**Specialist rehabilitation for:**  
**Stroke recovery • Neurological conditions • Orthopaedics**  
**Post-spinal surgery • Reconditioning**

Royal Rehab Private Hospital (RRPH) Day Rehabilitation 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 and nurses. RRPH Day Rehabilitation is a leading facility of choice for those not requiring overnight inpatient nursing and medical care.

Individually tailored programs are developed for patients based on mutually agreed and meaningful goals. The following programs are available as half or full day therapies and we also offer sessional hydrotherapy.

- Hydrotherapy
- Occupational therapy
- Parkinson's Disease treatment:
  - PD Warrior
  - LSVT BIG
  - LSVT LOUD
- Physiotherapy
- Speech pathology
- Exercise physiology
- Dietetics

**Cost** Varies depending upon level of private health insurance cover.  
 Sessional hydrotherapy \$50 per session or \$450 for 10 sessions.

**Parking** Free parking available on-site.

**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 Day Rehabilitation, 235 Morrison Road, Ryde NSW 2112**

T. (02) 9808 0522 F. (02) 9475 0497 E. DayRehabilitation@royalrehab.com.au

[royalrehab.com.au](http://royalrehab.com.au)



# Day Rehabilitation Referral

235 Morrison Road, Ryde NSW 2112  
 PO Box 6, Ryde NSW 1680  
 E. DayRehabilitation@royalrehab.com.au  
 F. (02) 9475 0497

FAMILY NAME \_\_\_\_\_ MRN \_\_\_\_\_  
 GIVEN NAME \_\_\_\_\_  MALE  FEMALE  
 DoB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MO \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Discharge Date (if applicable): \_\_\_\_\_

### Patient Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Interpreter required: Yes / No  
 Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_  
 WorkCover/CTP/DVA/Other: \_\_\_\_\_ Claim No: \_\_\_\_\_

### Referrer Details

Dr: \_\_\_\_\_ Provider No (mandatory): \_\_\_\_\_  
 Facility: \_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_

Primary Diagnosis: *Operation Date:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relevant Medical History (including Allergies/Alerts): \_\_\_\_\_

Current Status: \_\_\_\_\_ Weight Bearing Status: \_\_\_\_\_

Mobility/Transfers: \_\_\_\_\_

Cognition: \_\_\_\_\_

Communication: \_\_\_\_\_

Day Program Goals/Reason for Referral: \_\_\_\_\_

**Services required:** (Minimum of 2 disciplines required: Half day = 1.5 hrs; Full day = 3 hrs)

Requested duration of program: \_\_\_\_\_ days/weeks

**Preferred** days of attendance (circle): Mon Tue Wed Thu Fri Sat (sessional hydrotherapy only)

	Circle required therapy (mins)		Circle required therapy (mins)	
Sessional Hydrotherapy only	50		Dietetics	30   60
Hydrotherapy	30		Parkinson's Disease treatment:	PD Warrior   60
Physiotherapy	30	60		LSVT BIG   30
Exercise Physiology	30	60		LSVT LOUD   30
Occupational Therapy	30	60		
Speech Pathology	30	60		

\* Pending medical hydrotherapy clearance

Binding Margin—No Writing

RRPH Day Rehabilitation Referral