

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
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
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

ROYAL REHAB PRIVATE RYDE

Please Fax to (02) 8088 4316

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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 _____