

Stepping On Referral Form

Fax: (02) 8088 4384 Mobile: 0401 715 845

Email: steppingon@royalrehab.com.au

Stepping On - Falls Prevention Program

Stepping On is a **free** program for people over 65 years who have had a fall or are concerned about falling.

Please send this referral form to Nadia Williams,
NSLHD Stepping On Program Coordinator.

Referrer's Name: _____

Date: _____

Referrer's Organisation: _____

Phone: _____

Patient/Client Details:

* Affix Patient Label

OR

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Phone No: _____ Mobile: _____

Email: _____

Please **do not** refer patients/clients who:

- ☐ Are using a walking frame
- ☐ Have a progressive neurological condition (e.g. Parkinson's Disease)
- ☐ Have cognitive or behavioral issues (e.g. Dementia)

☐ **Please confirm:** I have discussed this referral with the Patient/Client

Cost: FREE