



Stepping On

Referral Form

Fax: (02) 8088 4384 Phone: 9450 7050

Email: steppingon@royalrehab.com.au

Registrations can be made online - <https://nshp.com.au/SteppingOn>

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.

Referrer's Name: _____ Date: _____

Referrer's Organisation / Role: _____

Phone: _____ Email: _____

Patient/Client Details:

* Affix Patient Label

OR

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Additional Info: _____

Please only refer patients/clients who:

- Have had a fall in past year or have a fear of falling
- Independent with or without a walking stick
- Are cognitively intact
- Live independently in the community

Please **confirm**:

- I have discussed this referral with the patient / client
- Patient / client does not have a progressive neurological condition e.g. Parkinsons