Physiotherapy services Referral to Kaur Physio. 

Phone 0470683005 OR email info@kaurphysio.com.au

For assistance please contact Kaur Physio via phone or email. Please note all clinical services must have a confirmed funding option.

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| REFERRER DETAILS | | | | | | |  | | | | | | | | | | |
| Referrer name: | | | | | | | Phone: | | | | | Fax: | | | | | |
| Organisation: | | | | | | | Email: | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | | | | |
| CLIENT AND CONTACT DETAILS | | | | | | |  | | | | | | | | | | |
| Name: | | | | | | | Phone/Mobile: | | | | | | | | DOB: | | |
| Address: | | | | | | | Alternate Contact Name: | | | | | | | | | | |
|  | | | | | | | ☐ Alternate Contact is Enduring Power of Attorney | | | | | | | | | | |
| ☐ Supported Accommodation/Staff Present | | | | | | | Alternate Contact Phone: | | | | | | | | | | |
| Email: | | | | | | | Relationship to Client: | | | | | | | | | | |
| DVA Card: ☐ White ☐ Gold Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Contact to Discuss/Setup Services: ☐ Client ☐ Alternate contact ☐ Referrer | | | | | | | | | | |
| FUNDING | | | |  | | | | | | | | | | | | |  |
| ☐ Home Care Package | | | 1 ☐ 2 ☐ 3 ☐ 4 ☐ | ☐ DVA | | ☐ Self-funded | | ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | ☐ Health fund |
| ☐ NDIS | NDIS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | NDIS Plan Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | NDIS Plan End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | ☐ Aged Care Provider |
| CLIENT’S MEDICAL DETAILS | | | | | | | | | | | | | | | |  | |
| Medical history: | | | | | | | | | | | | | | | | ☐ Medical history attached | |
| Usual GP: | | | | Phone: | | | | | Daily activity safety alerts: | | | | | | |  | |
| Treating Dr/Surgeon: | | | | Phone: | | | | |  | | | | | | |  | |
| Allergies: | | | | | | | | | Appointment conflicts: | | | | | | |  | |
|  | | | | | | | | |  | | | | | | |  | |
|  | | |  | | | |  | | | | | | | | |  | |
| REASON FOR REFERRAL | | | | | | | | | | | | | | | |  | |
| ☐ Physiotherapy | |  | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | |  | | | Date: | | | |
| Role: | | | | | | | | | | | Home risk/Safety Assessment attached: Yes ☐ No ☐ | | | | | | |
| PHYSIOTHERAPY (IN-HOME/TELEHEALTH)  Our physiotherapists will work with you to develop an exercise program tailored to your needs. We can assist with pain management, strengthening, balance, fitness, falls prevention and mobility. Additionally, our physiotherapists can assist in the management of cardiorespiratory and neurological conditions. | | | | | | | | | | | | | | | | | |

Jan 2023