Mackay
Private Hospital

Referral Form

Patient details

Full name: ____________________

DOB: ____________________

Address: ____________________

____

Phone: ____________________

Mobile: ____________________

Medicare no.: ____________________

Primary GP: ____________________

Next of Kin: ____________________ T: ____________________

Referring Doctor / Healthcare Professional

Dr / Mr / Ms: ____________________ Provider no: ____________________

Practice / Organisation: ____________________ Phone: ____________________

Date: ____________________ Signature: ____________________

Clinical Information

Patient location: Home ☐ Hospital ☐ Aged Care ☐

Diagnosis / primary reason for referral	Date of operation / event

Relevant medical history

HOSPITAL ADMISSION

☐ **Rehabilitation** ☐ **Medical admission** ☐ **Pain management**

REFERRAL FOR DAY THERAPY PROGRAMS / OUT-PATIENT

- ☐ Cardiac Rehab
- ☐ Pulmonary Rehab
- ☐ Oncology Rehab
- ☐ WorkCover
- ☐ Orthopaedic Rehab
- ☐ Trauma / Injury Rehab
- ☐ Amputee Clinic
- ☐ Persistent Pain
- ☐ Parkinson's Disease
- ☐ Neurological and ABI
- ☐ Vestibular Dysfunction
- ☐ Reconditioning
- ☐ Balance and Falls
- ☐ Hydrotherapy

Funding

Private Health Fund ☐ Health Fund no: ____________________

DVA ☐ DVA no: ____________________

WorkCover ☐ Claim no: ____________________

Self Funded ☐

Kindly forward to: mky.referrals@healthecare.com.au / fax: 4942 8415 along with a current medication list.

Mackay Private Hospital
57 Norris Road, Mount Pleasant QLD 4740
T: 07 4942 3848 F: 07 4942 8415 E: mky.referrals@healthecare.com.au / **mackayprivate.com.au**

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