## Private / Corporate Referral

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| **Alliance Rehabilitation - Goal Driven, Person-centred, Outcomes Led.** Referral Guidelines: Private or corporate referrals may include referrals for DVA, Workcover, Team Care Arrangements (Medicare), Health Insurers & Insurance agencies. Email this referral to reception@alliancerehab.com.au or fax: 4771 6971 |

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| Participant DetailsFamily name: Given name(s): Date of birth: Sex: [ ]  M [ ]  F Medicare no:  | Phone (home): Phone (mobile): Address:  Emergency Contact/NOK: |
| [ ]  **Consent to referral:** This referral has been discussed with the participant and/or their guardian, and they understand and agree with the referral being made. | Referral Type: [ ]  Private[ ]  DVA (white) – Must supply D904 [ ]  DVA (Gold) – Must supply D904 [ ]  Insurance – Details……………………………………………………….[ ]  Corporate/Contractor Services (e.g. Bupa/Bolton Clarke) Details……………………………………………………………………[ ]  Workcover – Ref/Claim Number……………………………………[ ]  Medicare / TCA  |
| **Aboriginal/Torres Strait Islander Status:** [ ]  N/A  [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both Aboriginal and Torres Strait Islander  |
| Referral Information: Reason for referral/GoalsPresenting health condition/Diagnosis:  |
| Referrer Details (or stamp)Name: Phone: Address: [ ]  **Allied Health Referral**: This referral has been made by the allied health team, please seek medical clearance from the participants GP |

Attach Health/Discharge Summaries, Medical or Allied Health Reports and Current Medication List and Pathology