## 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 Details Family 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