

Day Rehabilitation Referral



The Victorian Rehabilitation Centre

499 Springvale Road
Glen Waverley VIC 3150

Dorset Rehabilitation Centre

146 Derby Street
Pascoe Vale VIC 3044

**FOR GENERAL ENQUIRIES,
PLEASE CONTACT US**

Phone: 1300 1 REHAB (1300 1 73422)

Inpatient

Outpatient

Patient Details:

Surname:	First Name:	Date of birth: / /
Sex: M F	Identifying gender: M F	
NOK Name:	NOK Relationship:	NOK Number:
Address:		
		Postcode:
Mobile:	Home Ph:	
Email:		
Health Fund:	Membership/Claim No:	
Medicare No:	Reference:	Expiry: / /

Diagnosis / Reason for referral: (Please attach additional information as required)

Relevant Medical and Behavioural History:

Referring Doctor:

Name:	Provider No:
Address:	
Phone:	Fax:
Email:	
Signature:	Date of Referral:

Please send this completed referral to:

DayRehab@healthscope.com.au

OR Fax: 1300 2 REHAB (1300 2 73422)

SUBMIT FORM

CLEAR FORM