



Queensland Government

Rehabilitation Day Therapy Unit (RDTU)

Referral Form
The Prince Charles Hospital
Enquires: 3139 4798

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: [] M []

ATTACH A DISCHARGE / MEDICAL SUMMARY TO THIS REFERRAL

Date of Referral: _____

Referrers Name: _____ Referring location/ward: _____

Referrers Contact No: _____ Provider Number of referrer: _____

Please obtain consent from the patient prior to referral being made.

Please provide a copy of the RDTU brochure or RDTU Contact Details (07 3139 4798) to the patient and/or family to have at home.

How will the patient access RDTU (Is transport support required prior to discharge – SW?)

Patients are required to have their own transport arranged to attend scheduled RDTU assessments and appointments.

Diagnosis: _____

Reason for Referral / Goals of Treatment

Medical [] Speech Pathology [] Physiotherapy [] Occupational Therapy [] Social work []

Specific Services

Lee Silverman Voice Treatment [] Vestibular Services [] Spasticity Management []

Falls Services [] Communication Groups [] Balance Class []

REFERRAL SUBMISSION: CPI Fax: 1300 364 952, or call 3139 4798 if any queries.

OFFICE USE ONLY: [] Accepted [] Not Appropriate, reason _____

Date Received: _____ Chart ordered: _____ Triage Category: _____

Scanned: _____ Entered: _____

Extra information required: _____

SNAP: _____ AROC: _____

Therapy Assessment required: PT OT SP SW

Medical Appointment required: LL KP TC No Medical Under Doctor: _____

DO NOT WRITE IN THIS BINDING MARGIN

REHABILITATION DAY THERAPY UNIT REFERRAL