GC Rehab

Dr Jom Jiao

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Rehabilitation Medicine Physician

Patient Referral Form

Patient's name: ..... D.O.B: ... / ... / ...

Address: .....

.....

Phone: ..... Mobile: ..... Email: .....

Medicare number: ..... Ref: ..... Expiry: .....

Services Requested:

- ☐ Spasticity Management
- ☐ Cervical Dystonia / Torticollis Management
- ☐ Musculoskeletal / Joint Injections
- ☐ Return to Work Rehabilitation
- ☐ Return to Driving Assessment
- ☐ Other: .....

Hospital-Based Rehabilitation:

- ☐ Day Therapy Rehabilitation
- ☐ Inpatient Rehabilitation

Reason for Referral:

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Other relevant clinical information:

Pregnant: Yes ☐ / No ☐

.....

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.....

Referring Doctor:

Name: ..... Specialty: .....

Address: ..... Phone: .....

Provider Number: ..... Date: ... / ... / ... Signature: .....

Please send this form & other relevant information via email to **info@gcrehab.com.au** or fax to **(07) 5676 6565**

Suite 5A, John Flynn Medical Centre 42 Inland Drive, Tugun, QLD, 4224

Ground Floor, Robina Private Hospital 1 Bayberry Lane, Robina, QLD, 4226

Suite 11, Gold Coast Private Hospital 14 Hill Street, Southport, QLD, 4215

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