

Referral and Screening Form

Medicare Provider number: 4313061L
 Phone: 1300 4 myrehab
 Add: PO Box 852, Sunnybank, QLD 4109
 ABN : 66297361646



Referrals can be taken by fax or phone, or by using the form below. We will get back to you with an appointment time within 24 hours.

Name of client	DOB	Email address	Contact no.s
Visiting address			
Postal address (if different)			
YOUR GP			
Name		Phone number	
Address			
How do you know us?	GP	Other clinicians	Clients
	Website	Other (details)	
FUNDING OPTIONS: Please leave this blank if none of them apply.			
	membership no.		
Private health fund		Extra cover?	Y/N
DVA		Have you got a referral from another DVA provider?	Y/N
Medicare bulk bill		Have you got a referral from your GP addressed to MRT?	Y/N
How can MRT help you?			
Could you give us a brief background about your concerns?			

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DESIGNATION:

DATE:

Name of client		DOB		Email address		Contact no.s	
What medications are you currently on?							
Pre-home visiting checks: (Please put ✓ for “yes”, and ✗ for “no”)							
Does the client use a mobility aid e.g. wheelchair, walking stick most of the time?		Can the client get around on their own aid indoors?		Does the client require assistance for transfers or uses an aid e.g. a hoist?		Does the client live alone?	
Does the client or someone who lives in the same household have any behavioural challenges which are not managed by medications or other means?				Are there any unrestraint animals in the home or the neighbourhood?		Can we confirm with your GP about you?	
Does the client require an advocate or interpreter due to language or communication difficulties?		Does the client has a strong for the preference a particular gender therapist due to cultural, religious or clinical reasons?				male	
						female	
Is one available at the appointment?		How do you intend to pay for your sessions?		Credit (not AMEX)		Cash	
				Cheque		n/a	
What parking is available at the place of visit?		Off street - free		Residents permit		No parking available	
		Off street - meter		Parking on property			
Is MRT the right service for this client?		If not, has the client been provided alternatives?		Date and time of initial HV			
Completed by:				Date:			