

REFERRAL FOR EXTRA PHYSIOTHERAPY

V1007a



TOTAL CARE PHYSIOTHERAPY CONSULTING GROUP - Level 30 Westpac House, 91 King William Street, Adelaide SA 5000
 Email: admin@tchealthcare.com.au Ph: (08) 8342 9930 Fax: (08) 8342 9933

SECTION A – please complete for all residents

Date: _____ Resident's name: _____ Facility: _____

Facility Direction: N E S W Referrers' Name: _____ Designation: _____

- Resident requires:
- A Private Physiotherapist (privately funded) - please complete Sections B & C
 - A Private Physiotherapist to treat a DVA Gold Card Holder - please complete Sections B & D
 - A Private Physiotherapist to treat under Medicare's EPC program – please complete Sections B & E
 - ❖ Please also use the “added comments” area (Section F) if required

ONLINE FORM TIPS:

(Hover over below numbers)

① ② ③ ④ ⑤

Relevant history & comments _____

Goals of treatment: _____

Indicated treatment frequency: ____/week Indicated treatment period: ____ weeks Resident Representative: _____

Relation of Representative: _____ Representatives Phone: _____

- (1) Representative's email address: _____
 OR
 (2) Representatives mailing address: _____

* Please note that an email address is preferred as this reduces the amount of time spent sending and receiving information to and from the representative.

Resident's DOB: _____ DVA GOLD CARD number: _____

Previous ADL level: Bed Mobility: _____ Transfers: _____

Mobility (include distance able to walk if applicable): _____ TUGT: _____ secs

Current ADL level: Bed Mobility: _____ Transfers: _____

Mobility (include distance able to walk if applicable): _____ TUGT: _____ secs

Resident's GP's Name: _____ Clinic Name: _____

GP's Ph No: _____ GP's fax No: _____

- Has the GP completed an EPCP “Referral form for Allied Health Services” form? YES* NO not sure

*If yes, please mail the original of this form to: Total Care Physiotherapy – Level 30 Westpac House, 91 King William St. Adelaide SA 5000

- Has the GP registered an EPCP for the patient with Medicare? (Medicare item number 731) YES NO not sure

Added comments

[Click here to email this form](#)

To submit this form manually, please print it and fax it to (08) 8342 9933