



St George Hospital Physiotherapy Service

Level 1 Prince William Wing
Cnr of Belgrave and Kensington Streets
KOGARAH NSW 2217

Ph 9113 2163 Fax 9113 3075

GP PHYSIOTHERAPY REFERRAL

Referring Doctor's Details

Name:

Phone Number:

Fax:

Address:

Email:

Preferred method for correspondence: Post Fax Email

Patient's Name:

Address:

Phone:

Mobile:

Medicare No:

D.O.B.:

Date of Referral:

Request for the following physiotherapy service:

- | | |
|---|---|
| <input type="checkbox"/> Hand Therapy | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Plasters | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Outpatient Physiotherapy | <input type="checkbox"/> Lymphoedema |

Diagnosis:

Reason for Referral:

Precautions or Restrictions:

GP's Signature:

CONFIDENTIALITY NOTICE:

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