



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