

# Allied Health Service Referral

## SERVICES

- |                                                              |                                                                  |
|--------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Physiotherapy                       | <input type="checkbox"/> Clinical Pilates                        |
| <input type="checkbox"/> Hydrotherapy (Tunstall Square only) | <input type="checkbox"/> Dietetics                               |
| <input type="checkbox"/> Osteoarthritis Program (GLA:D)      | <input type="checkbox"/> Occupational Therapy                    |
| <input type="checkbox"/> Exercise Physiology                 | <input type="checkbox"/> Speech Pathology (Tunstall Square only) |
| <input type="checkbox"/> Lymphoedema/Lipoedema               |                                                                  |

## PATIENT DETAILS

Patient Name:

D.O.B:

Contact Number:

Reason for Treatment:

Important Patient Information:

## REFERRAL FOR HYDROTHERAPY (Requires a medical clearance)

### REFERRING DOCTOR DETAIL

Referring Doctor:

Referring Doctor Signature:

Date:

### PLEASE INDICATE LOCATION

☐ Shop 54  
Tunstall Square Shopping Centre  
Cnr Doncaster and Tunstall Road  
**Doncaster East** VIC 3109  
P: 03 9916 2402 F: 03 9916 2403

☐ Level 5, Suite 1  
10 Martin Street  
**Heidelberg** VIC 3084  
P: 03 9458 9712 F: 03 9450 6909

[rhp.drh@ramsayhealth.com.au](mailto:rhp.drh@ramsayhealth.com.au)