



New England Division of General Practice and Rural Primary Health Care Services

RPHS Physiotherapy Service Referral Form

GPs:

Inform patient that this is a RPHS Referral.

Hand this referral to the patient.

Patient:

When making your appointment with the Physiotherapist, **TELL** the receptionist that this is a RPHS referral.

Referral to:

Rob Tindale and Jemma Mulligan
New England Spinal & Sports Physiotherapy Centre
139 Butler St, ARMIDALE 2350
Tel: 02 67712177

*This service is free **ONLY** for **Pension and Health Care cardholders** who are in **URGENT** need of service for an **acute** condition. **Only up to 4 consultations/ treatments are offered free of charge.***

*Dept. Veteran Affairs, Workers Comp, and Third Party patients are **NOT** eligible for referral under this program.*

CLIENT DETAILS

Name _____ DOB _____ Male / Female

Address _____ Phone _____

Parent / Guardian Names (if client is under 18 years of age) _____

Pension/ Health Care card No: _____

Are you of Aboriginal or Torres Strait Islander origin? YES NO

REASON FOR REFERRAL (Please include any relevant details e.g., duration, severity etc. Include **specific reason** if patient is being referred for **URGENT treatment** and is **NOT** a pension/ health care card holder- eg. For an acute exacerbation of a chronic condition.)

RELEVANT HISTORY & MEDICATIONS: _____

WOULD YOU LIKE A WRITTEN REPORT? YES NO

Referring GP _____ Date _____