

Thank you for your referral to CHG

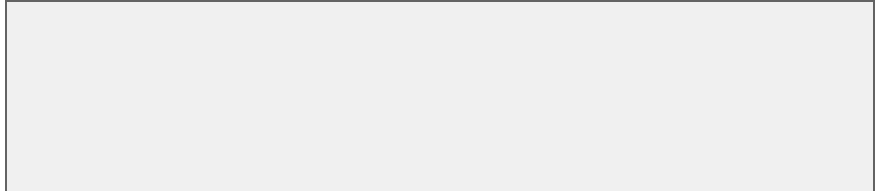
PATIENT DETAILS	
Date of Referral / /	
Patient Name	
Address	
Telephone	Date of Birth / /
Private Patient <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation Claim <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Injury / /	Claim Number
REFERRAL DETAILS	
Please select Specialist from the list below:	
<input type="checkbox"/> Cardiopulmonary Exercise Stress Test (baseline with follow up assessment)	<input type="checkbox"/> Pain Specialist
<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Gym	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Occupational Physician	<input type="checkbox"/> Rehabilitation Physician
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Workers Compensation Medical Management
Reason for Referral	
Medications	
Other Notes	

CONTACT DETAILS

Treating Practitioner

Phone Number

Clinic Stamp

A large, empty rectangular box with a thin black border, intended for a clinic stamp.**ATTACHMENTS**

- Please attach as appropriate:**
- Chronic Disease Management Plan
 - Mental Healthcare Plan
 - Current Work Capacity Certificate

Please return completed form to bookings@chg.net.au

PLEASE NOTE the patient may be eligible for rebates with Medicare or their Private Health Fund. If they wish to receive a rebate from Medicare under the Chronic Disease Management plan then they will need to organise a team care plan by their GP prior to their initial consult and nominate CHG as the provider and bring the paperwork on the day of their appointment in order to receive their rebate.