

**Allied Health – St George Hospital & Community Health Services -
Intake for Community Based Services**

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Services Include:

- * 4yr Health Screening Check (OT, Speech, Vision, Hearing)
- * Occupational Therapy - (For Children)
- * Speech Therapy - (For Children)
- * Domestic Violence - (For Women)
- * Podiatry – Adults - (High Risk eg Diabetic)Children (Orthotics)

Information Required for Allied Health Referrals:

Mr/Mrs/Ms/Miss/Mstr - Surname: _____ First Name: _____

No: _____ Street _____ Suburb: _____ Post Code: _____

D.O.B. _____ MRN: _____ DVA: _____

Phone: _____ Work: _____ Mobile: _____

Language Spoken: _____ Interpreter Required: Yes/No - Parent/Child

Country of Birth: _____ (Parent) Country of Birth: _____ (Child)

Aboriginal Origin: Yes/No _____ Torrens Straight Islander: Yes/No _____

GP Name: _____ Contact No: _____

Medicare No: _____ Position on Card _____ Expiry Date: _____

(If a child) Parents Name: (Mother) _____ DOB: _____

(Father) _____ DOB: _____

Contact Numbers: (M) _____ (F) _____

School/Pre School Name: _____

Year/Days attending: _____

Referrer Name: _____ Organization: _____

Phone: _____ Mobile: _____

BRIEF OUTLINE OF PRESENTING PROBLEM:

Referrals from GP/Reports from previous therapy should be attached to this document please)PLEASE NOTE:

REFERRALS – SHOULD NOT BE USED FOR ANY OTHER PURPOSE THAN TO INFORM INTAKE OFFICER OF REFERRAL –

THANKYOU

Anna Pirreca Allied Health Intake Officer - Revised 8th August, 2012.