

Referral Form

Veterans' Better Life Program

Psychology

Exercise Physiology

Physiotherapy

Please return completed form to: Fax: (07) 567 65 393 or Email: forms@veteranhealth.com.au

Referring Doctor	
Name:	Provider No:
Practice Address:	Phone:
	Fax:
	Email:
Patient Details	
Name:	DOB:
Address:	Phone:
	Mobile:
	Email:
DVA Card No:	DVA Card Type: <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Gold (TPI)
DVA At Risk Client Assessment Form completed: <input type="checkbox"/>	To be reviewed at: <input type="checkbox"/> 3-mths <input type="checkbox"/> 6-mths <input type="checkbox"/> 12-mths
Presenting Conditions:	
For White Card Holders – please list DVA approved conditions:	
Treatment Goals:	
Medical Precautions/Special Needs:	
Adjunct Services	
We offer the following adjunct services. Please tick if you would like your patient to receive:	
<input type="checkbox"/> Diabetes Management Program* <input type="checkbox"/> Diabetes Education** <input type="checkbox"/> Dietetics**	
<small>Note. * Specialised diabetes health care service delivered by credentialled diabetes educator, with support from accredited dietitian and psychologist as needed. **Service provided by credentialled diabetes educator or accredited dietitian.</small>	
If GP referral, does patient have a treating psychiatrist? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name): Dr	
Doctor Signature:	Date: