



## HNEkidsRehab Referral Form

HNEkidsRehab is a multidisciplinary service caring for children and young people across 5 specialities. For service and referral criteria description, please visit [HNEkidsRehab Website](#).

Please **FAX referral** to: (02) 49 236 517  
Or **EMAIL** [49236517@fax.hnehealth.nsw.gov.au](mailto:49236517@fax.hnehealth.nsw.gov.au)

- Cerebral Palsy Movement disorder
- Paediatric Brain Injury Rehab
- Spinal Team
- General Physical Rehabilitation
- Hip Surveillance

| Patient Details   |   |                                   |                                 |  |     |
|---|---|-----------------------------------|---------------------------------|--|-----|
| Full Name   |   |                                   |                                 | MRN  |     |
| Address   |   |                                   |                                 | Post Code  |     |
| Gender  | Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>  | DOB:                              |                                 | Age  |     |
| Cultural Identity   | Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other <input type="checkbox"/> Neither <input type="checkbox"/> | Interpreter?                      |                                 | <input type="checkbox"/> Yes   |     |
| Phone Number  |   |                                   | Email:                          |  |     |
| Next of Kin   |   |                                   |                                 |  |     |
| Full Name   |   |                                   | Phone Number                    |  |     |
| Address   |   |                                   | Email address                   |  |     |
| Referral Details (mTBI referrals can be made by any discipline)<br>(For all other Inpatient Rehabilitation referrals, please fax this referral AND phone the relevant medical lead to discuss referral) |   |                                   |                                 |  |     |
| Reason for referral/<br>Interventions   |   |                                   |                                 |  |     |
| Medications   |   |                                   |                                 |  |     |
| Previous Medical History (if available)   |   |                                   |                                 |  |     |
| Medical History   |   |                                   |                                 |  |     |
| Previous Head Injury (requiring hospitalisation)  |   |                                   |                                 |  |     |
| Previous Mental Health Concerns   |   |                                   |                                 |  |     |
| Developmental Issues  |   |                                   |                                 |  |     |
| GMFCS Level/Equivalent  |   |                                   |                                 |  |     |
| Referrer Details  |   |                                   |                                 |  |     |
| Name  |   |                                   | Discipline                      |  |     |
| Address   |   |                                   | Provider Number                 |  |     |
| Signature   |   |                                   | Date                            |  |     |
| Additional for Paediatric Brain Injury Rehabilitation   |   |                                   |                                 |  |     |
| Date of injury  |   |                                   |                                 |  |     |
| Date of admission?  |   |                                   |                                 | Discharged   |     |
| LOC duration  |   | PTA                               | Duration                        | No (Non TBI <input type="checkbox"/> Not applicable (Child < 8 years) <input type="checkbox"/> |     |
| Severity of Brain Injury  | <input type="checkbox"/> Mild   | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Significant (Non TBI)   | V.5 |