



## HNEkidsRehab Referral Form

HNEkidsRehab is a multidisciplinary service who cares 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 HNELHD-HNEkidsRehab@health.nsw.gov.au

Date: \_\_/\_\_/\_\_

- 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	DOB:	Age
Cultural Identity	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other	Neither <input type="checkbox"/>	Interpreter? <input type="checkbox"/> Yes
Phone Number		Email:	
Next of Kin			
Full Name		Phone Number	
Address		Email address	
Referral Details			
Reason for referral			
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 (PBIRT inpatient referrals can be from any discipline)			
Name		Provider Number	
Address		Contact Number	
Email		Usual GP	
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)