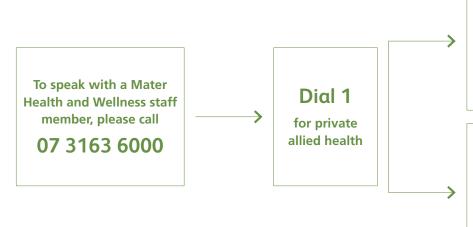


Patient Referral Form

Client details					
Given name(s)		Surr	Surname		
Date of birth					
Preferred method of co	ntact				
Email				Telephone	
Which Mater Health an	d Wellness speci	alty are you request	ing fo	or your patient?	
Adult	Paediatric				
Which private allied he	alth service/s are	you requesting for	your p	patient? (Tick one or more)	
Audiology	Dietitian	Dietitian Occupational Therapy			
Physiotherapy	Psychology		Speech Pathology		
Other e.g. podiatry:					
Briefly outline the reason	on for the patien	nt referral			
Funding eligibility	,				
Is client eligible for Med	dicare rebate?				
		rly Intervention			
Is the client eligible for	other funding su	upport?			
WorkCover	DVA	NDIS			
Other:					
Referring Specialis	st/GP details				
Referring Specialist/GP no	ame				
Practice and address:					



Contact Mater Health and Wellness



Dial 1

for paediatric services located at Level 3, Salmon Building, Stanley Terrace, South Brisbane

Dial 2

for adult services located at Level 1 Duncombe Building, Raymond Terrace, South Brisbane

Our location



Mater Health and Wellness has two clinics located at the Mater South Brisbane Campus.

Main clinic:

Level 1, Duncombe Building Raymond Terrace South Brisbane Qld 4101

Salmon Building clinic:

Level 3 Salmon Building, Stanley Street South Brisbane Qld 4101

Contact:

Phone: 07 3163 6000

Fax: 07 3010 5745