



## 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

- 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					
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			Phone		
Address			Provider Number		
Signature			Email		
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)	