

MACARTHUR SPASTICITY SERVICE REFERRAL FORM

Dr Myles Kwa
BMed, FAFRM (RACP)

Dr Tuan-Anh Nguyen
BSc (Med) MBBS FAFRM (RACP)

Patient personal details

Surname:

First Name:

DOB:

Phone:

Medicare No:

Line no.:

Expiry:

Address

Private Health Insurer:

WC / CTP Insurer:

Member / Claim No.:

Language Spoken:

Is an Interpreter Required?

Next of Kin:

Relationship:

Phone Number:

Referring Clinician's Details

Name:

Specialty and provider number:

Address:

Contact number:

Signature:

Date:

Clinical Details

- Stroke
- Cerebral Palsy
- Other
- Traumatic Brain Injury
- Spinal Cord Injury
- Acquired Brain Injury
- Multiple Sclerosis

If other, please specify:

Goals of Treatment (eg. pain, function, hygiene, carer burden):

Current / Previous Treatment (eg. medication, botulinum toxin injections, previous specialists involved, allied health treatment):

email to admin@smts.healthcare or fax to 1300 755 511

Please return the completed form with the below required information

Attachment Checklist:

- GP Referral Letter
- Recent Health Summary
- Medication List
- Relevant Specialist Letters