Referral for Specialist Rehabilitation Services at the National Rehabilitation Hospital

Referrals cannot be processed unless this form is fully completed by the Referring Team and full clinical information is attached

1. Please tick as appropriate ✓

- Brain Injury Programme ☐
- Spinal Cord System of Care Programme ☐
- Prosthetic, Orthotic, Limb Absence (POLAR) ☐
- Paediatric Family-Centred Programme ☐

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First Language:

Interpreter required: