



For NDIS referrals, please use NDIS referral form. Please note, VNN treats clients 16 years and over. All fields need to be completed otherwise referrals may be delayed, if the information is not available, please state N/A.

Please attach any discharge summaries and/or discipline specific reports.

CLIENT DETAILS					
Name:	DOB:	Gender:			
Address:	Suburb:	Postcode:			
Landline:	Mobile:	Email:			
Primary/NOK Name:		Relationship:			
Primary/NOK Contact Details:					
Landline:	Mobile:	Email:			
Who do we contact to make an appointment?	Client	NOK	Other		
Preferred method of communication:	Phone	Text	Email		
Funding:	TAC	Private Health	WorkSafe	Self-Funded	Other:
Claim/Client Ref No:	Date of injury / accident:				
Insurer:	Case Manager:				
Email:	Phone No:				
Email invoices to:					
Residence:	Own home	Rental	SDA	SIL	Other
Risk assessment: Please detail any potential risks for our clinicians:					
Animals on premises	Behaviours of concern	D&A use	Other		
Interpreter required:	Yes	No			
If yes, language required:					

MEDICAL INFORMATION	
Presenting condition/current medical history incl date of injury / accident if applicable:	
Medication:	
Allergies:	
Reason for referral:	
Past Medical History (incl Mental Health):	

Social/Family History:
Education/Work History:
Therapy goals:

GP DETAILS		
GP Name:	GP Practice:	
Address:	Suburb:	Postcode:
Phone:	Fax:	Email:

REFERRER DETAILS		
Name:	Organisation:	
Address:	Suburb:	Postcode:
Landline:	Mobile:	Email:

REFERRAL DETAILS		
Date of referral:	Date treatment to commence:	
Acute hospital:	Admission date:	Discharge date:
Rehab hospital:	Admission date:	Discharge date:

SERVICES REQUESTED			
I have attached all medical/allied health discharge summaries and reports:		Yes	No
Please outline frequency required i.e. assessment, weekly fortnightly, monthly			
Occupational Therapy (OT)	OT driving assessment	Yes	No
Physiotherapy	Exercise Physiology		
Neuropsychology	Clinical Psychology		
Speech Pathology	Dietician		
Community Connections Group - (Details at https://vnnetwork.com.au)			
Please note, a VNN community Connections Group referral form is required for all referrals to the VNN Community Connections Group.			

CURRENT TREATING TEAM DETAILS			
Discipline	Team Member	Organisation	Contact details
Allied Health Assistant			
Carer Company			
Clinical Psychologist			
Dietician			
Exercise Physiologist			
Neuropsychologist			
Nurse			
Occupational Therapist			
Physiotherapist			
Rehabilitation Consultant			
Social Worker			
Speech Pathologist			

Thank you for referring to the Victorian Neurorehabilitation Network (VNN). Please forward this referral along with any discharge summaries and or discipline specific reports to contact@vnnetwork.com.au or fax 0399236213. Please note, a VNN Community Connections Group referral form is required for all referrals to the VNN Community Connections Group. Please note this group does not necessarily run at all times.