

Fitwise Physiotherapy – Patient Referral Form

Please download this form, fill in the information required and send it to our rooms via fax or email.

Please circle the practice this referral is intended for.

Armadale Practice:

1095 (Rear) High Street, Armadale VIC 3143
Phone: 9822 4999
Fax: 9822 5999
Email: fitwise@fitwise.com.au

East Melbourne:

Level 4, 372 Albert Street, East Melbourne VIC 3002
Phone: 9486 0512
Fax: 9486 0513
Email: fitwise@fitwise.com.au

PATIENT INFORMATION:

Full Name: _____

DOB: _____

Address: _____

Contact Number: _____

Is this referral urgent? YES/NO

Patient requires treatment for (please tick box that is most applicable):

<input type="checkbox"/> Pelvic pain/pelvic floor weakness or dysfunction	<input type="checkbox"/> Pregnancy/post-natal Physio
<input type="checkbox"/> Urinary/bladder issues	<input type="checkbox"/> Cancer rehabilitation program
<input type="checkbox"/> Bowel issues	<input type="checkbox"/> Osteoporosis/osteopenia
<input type="checkbox"/> Prolapse	<input type="checkbox"/> Clinical Pilates
<input type="checkbox"/> Painful intercourse	<input type="checkbox"/> Mastitis
<input type="checkbox"/> Lymphedema management	<input type="checkbox"/> Men’s pelvic floor
<input type="checkbox"/> General musculoskeletal, injuries	<input type="checkbox"/> Men’s pelvic pain
<input type="checkbox"/> Children’s continence	<input type="checkbox"/> Active birthing consultation (TENS)
<input type="checkbox"/> Remedial massage	<input type="checkbox"/> Dietician

Further information:

Referring Doctor: _____

Date of Referral: _____

Signature: _____