The Potential Ability Group
• Occupational Therapy Committed to Supporting Ability •

Potential Ability
PO Box 803 McLaren Vale, SA 5171
Phone: (08) 7200 3216
Fax: (08) 8536 0169
office@potentialabilitygroup.com.au
ABN: 97 461 537 175

Please forward completed referral to:

Attention:	The Potential Ability Group – Potential Ability Dept
Email:	office@potentialabilitygroup.com.au or **Fax:** (08) 8536 0169

Client Details

Surname:	First Name:
Address:	Suburb:
Post Code:	Phone No:
Date of Birth:	Sex:

Referral Request

☐ DVA ☐ WorkCover ☐ Private ☐ Other	Card # Claim # Health Fund: Details:	Card Colour:

Details:

Relevant Medical History:

Are there any **'Medical Alerts'**? **Y / N** (e,g, allergies, aggressive or violent behaviour and vulnerabilities)

Inpatient: Y / N **Private or Public Patient:** (Please circle) **Discharge Date:**

Referral Source

Name:	Ph:	Fax:
Ref Source Email:		
Ref source Provider #:		
Name of GP:	Ph:	Fax:
GP Provider #:		Provider Stamp
Signed:	Date:	

Allocated Therapist: Office Use Only