

MEDICAL Y-REHAB REFERRAL

CLAIM TYPE: Workcover Claim No.:
TAC Insurance Company.:
Case Manager Name:

PATIENT DETAILS:

Name:

Address:

Phone No.:

Date of birth:

Additional
Information:

Y-REHAB PROGRAM:

DURATION:

GYM

PHYSIOTHERAPIST

3 Months

12 Months

SWIM

CHIROPRACTOR

6 Months

REFERRAL DETAILS:

How is the Y-Rehab gym/swim program related to the accident / injury and their treatment:

What are the goals and outcomes of the Y-Rehab program:

REFERRER DETAILS:

Name:

Provider No.:

Signature
or Stamp:

Signed Date:

Please email form to Y-Rehab and provide your patient with a printed signed or stamped copy of this referral



YMCA WHITTLESEA

The YMCA Whittlesea Y-Rehab program is a simple and easy way to gain access to your rehabilitation needs.

OUR LOCATIONS

Thomastown Recreation & Aquatic Centre
Mill Park Leisure (Currently closed for renovations)
YMCA Plenty Valley Mill Park
YMCA Leisure City Epping

FURTHER INFORMATION:

If you have any further questions please email Y-REHAB at yrehab@ymca.org.au or call: 9407 6200
whittlesea.ymca.org.au/what-we-do/y-rehab