



Stepping On © Clemson & Swann

# Stepping On Referral Form

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## Stepping On - Falls Prevention Program

Stepping On is a **free** program for people over 65 years who have had a fall or are concerned about falling.

Please send this referral form to Nadia Williams,  
NS&CCLHD Stepping On Program Coordinator.

Referrer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Referrer's Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient/Client Details:

\* Affix Patient Label

**OR**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please **do not** refer patients/clients who:

- Are using a walking frame
- Have a progressive neurological condition (e.g. Parkinson's Disease)
- Have cognitive or behavioral issues (e.g. Dementia)
  
- Please confirm:** I have discussed this referral with the Patient/Client

Cost: FREE