

## Stepping On Referral Form

Fax: (02) 8088 4384 Mobile: 0401 715 845

**\*\*New number from 1 July 2024 - 9450 7050\*\***

Email: [steppingon@royalrehab.com.au](mailto:steppingon@royalrehab.com.au)

Registrations can be made online – <https://nshp.com.au/SteppingOn>

### 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.

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

Referrer's Organisation / Role: \_\_\_\_\_

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

Patient/Client Details:

\* Affix Patient Label

**OR**

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

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

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

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

Email: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please only refer patients/clients who:

- Have had a fall in past year or have a fear of falling
- Independent with or without a walking stick
- Cognitively intact
- Live independently in the community

Please confirm:

- I have discussed this referral with the patient / client