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
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