

Victorian Paediatric Rehabilitation Service (VPRS)

Referral form

Child's first name		Surname	
Date of Birth		Age	
Gender		Pronouns	
Address			

Primary carer		Alternative contact	
Phone		Phone	
Email		Email	

GP	
Paediatrician	
Referrer name Contact details	

Reason for referral: Include diagnosis and medical history Attach further detail such as medical investigations	
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Email completed referral to VPRS@barwonhealth.org.au

For queries please contact the team at McKellar Kids Rehab
Ph: (03) 4215 5314

