Rehab and your GP

Notification of admission

Date:	
Attention:	
GP name: Dr	
GP practice name:	
Address:	
Email address:	
Dear Dr	
Your patient is currently admitted for inpatient rehabilitation. Further corretransfer of care back into the community.	espondence will follow closer to their
Name of patient:	Date of birth:
Name of Inpatient Rehabilitation Unit:	
Reason for admission:	
We value ongoing involvement of General Practitioners for continuity of cinput in discharge planning for this patient and at various time points you conferencing. We understand you have complex time constraints so as naccommodate your working schedule.	may be invited to participate in case
The following information is attached for your reference:	
List of claimable Medicare Benefits Schedule item numbers you may lyou be involved in case conferencing prior to their discharge from hos	
☐ Further information about rehabilitation.	
Should you wish to contact our service, please find our contact details be	elow.
Kind regards,	
Dr	
Ph:	
Email:	

