

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: \_\_\_\_\_

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

Patient/Client Details:

\* Affix Patient Label

Alternate Phone Number: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

**OR**

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

Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_

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

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

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

Preferred Language: \_\_\_\_\_

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

- Who use a walking frame at home
- Have a progressive neurological condition
- Have poor memory, Dementia or behavioral issues

Please confirm the patient/client has been discharged home

Send completed forms to:

## Stepping On Referral Form

Phone: (02) 9840 3603 Fax: (02) 9840 3608

Email: [WSLHD-ActiveandHealthy@health.nsw.gov.au](mailto:WSLHD-ActiveandHealthy@health.nsw.gov.au)