



ABN 53 112 730 042

For all appointments
please phone 4233 2641.
E: admin@hoht.com.au
Fax: (02) 4232 4797

Kiama
provider no 270198CY
4 Collins Lane
Kiama NSW 2533

Nowra
provider no 270198BK
6 Smith Lane
Nowra NSW 2541

Bowral
provider no 270198DJ
45 Bowral Street
Bowral NSW 2576

It is important that you bring with you any relevant documents, reports, x-rays, scans etc. This will assist your therapist in providing you with the best treatment suited to your needs.

HAND THERAPY REFERRAL

Client Details:

Name _____ Date of Birth _____

Client Diagnosis:

Therapy Services Required:

- Hand Therapy
- Inter X pain management
- Paediatric handwriting/fine motor Ax.

Special Considerations/Precautions:

Referred by: _____

Signature: _____ Date: _____