

To be completed by Medical Practitioner

Medical Referrer details

Provider Number

Name

Address Postcode

Patient details

First Name Surname

Address

DOB Private Health Insurer

PHI membership number

Referral details - Please tick relevant care plan

Kieser Hip Osteoarthritis Care Plan

Kieser Knee Osteoarthritis Care Plan

Kieser Spinal Care Plan

I have read and discussed the below criteria with my patient and confirm their suitability for the care plan:

The care plan is an appropriate option which provides an opportunity to delay or prevent surgery

The patient does not have any underlying condition that would prevent them from successfully completing the care plan

The patient has a clear understanding of the goals and purpose of the care plan

Signature

Date signed

For Patient Use Only

I, _____ consent that my personal and sensitive information relating to my participation in the care plan may be shared with my health insurer or other healthcare professionals directly involved in my care.

Patient Signature

Date signed

Inclusion criteria

Care Plan	Inclusion Criteria
Hip or Knee Osteoarthritis Care Plan	<ul style="list-style-type: none">• The treating medical practitioner must consider that the patient, without the intervention of Kieser's Osteoarthritis Care Plan, is a likely candidate for joint replacement surgery, or other major surgical intervention, within the next three years as a result of their osteoarthritic joint.• The patient must have a self-reported pain level of 4/10 or higher, on average over the past month, using a visual analogue scale (VAS) for pain.• The patient must have diagnostic imaging confirming the diagnosis of osteoarthritis.
Spinal Care Plan	<ul style="list-style-type: none">• The treating medical practitioner must consider that the patient, without the intervention of Kieser's Spinal Care Plan, is a likely candidate for spinal surgery, including implantation of spinal cord stimulator devices, within the next three years as a result of their spinal condition.• The patient must have a self-reported pain level of 4/10 or higher, on average over the past month, using a visual analogue scale (VAS) for pain.• The patient must have diagnostic imaging confirming the relevant operable spinal diagnosis.

Completed Referral Forms

Once you have a completed referral form, please contact Kieser on (03) 9696 3599 to check your eligibility and arrange an appointment. Alternatively, you can email your completed referral form to support@kieser.com.au and we will get in touch with you.

Kieser Locations

VIC: Brighton • Burwood East • Camberwell • Caulfield • Collins Street • Essendon • Fitzroy • Geelong Heidelberg • Malvern • Mont Albert • Mornington • Northcote • Ocean Grove • Ringwood • Sandringham • Sth Melbourne • Torquay • Werribee

NSW: Cammeray • Mosman • Pymble

QLD: Ascot • Bundall

TAS: Hobart

SA: Norwood