

REFERRAL TO EMERGENCY DEPARTMENT

(Please contact ED with patient details, then fax referral to ED and provide copy to patient)

PATIENT DETAILS	
Name:	Next Of Kin:
Address:	Relationship to Patient:
Date of Birth:	NOK Contact Number:

DATE OF REFERRAL	Estimated Time of Arrival at ED	Transport
CURRENT PROBLEM		
RELEVANT MEDICAL AND SOCIAL HISTORY		
INVESTIGATIONS TO DATE	Name of Pathology Company:	
TREATMENT GIVEN		
REGULAR MEDICATIONS		
ALLERGIES		

SERVICE REQUESTED (Tick box)				
Opinion <input type="checkbox"/>	Observation <input type="checkbox"/>	Investigation <input type="checkbox"/>	Treatment <input type="checkbox"/>	Admission <input type="checkbox"/>

GENERAL PRACTITIONER DETAILS
Name:
Address:
Phone:
Facsimile:
Email:

Armadale Hospital Ph: 9391 2053 Fax: 9391 2199	Fremantle Hospital Ph: 9431 3704 Fax: 9431 3711	Joondalup Health Campus Ph: 9400 9066 Fax: 9400 9065	Princess Margaret Hospital Ph: 9346 8022 Fax: 9346 8362	Rockingham Kwinana District Hospital Ph: 9592 0783 Fax: 9592 0775	Royal Perth Hospital Ph: 9224 1673 Fax: 9224 1005	Sir Charles Gairdner Hospital Ph: 1800 247 205 Fax: 9346 2620	Swan District Hospital Ph: 9347 5307 Fax: 9347 5222
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