REQUEST FOR OUTPATIENT APPOINTMENT

HOSPITAL ....

SPECIALTY/CLINIC ....

NAME OF SPECIALIST PREFERRED ....

Has the patient previously been seen by this hospital? YES ☐ NO ☐ Year ....

Has the patient previously been referred to this clinic/specialty for the same condition? YES ☐ NO ☐

Is the patient suitable for Telehealth consultation (rural only)? YES ☐ NO ☐

PATIENT DETAILS

Hospital Reference Number

Please circle if applicable for this referral:

DVA White / DVA Gold: Number: ....

M.V.I.T / Workers Compensation

Medicare Number: ☐☐☐☐☐☐☐☐☐☐ **Ref No:** ☐

Date of Birth ....

Country of Birth ....

Surname ....

First Names ....

Male / Female Marital Status M / S / W / D / Sep / Defacto

Aboriginal / Torres Strait Islander / Neither

Previous Surname ....
(eg. Maiden Name)

Preferred Name/Title ....

Address ....

Mailing Address (*if different*) ....

Phone: Home .... Work .... Mobile ....

NEXT OF KIN

(Essential if under 18 years/guardian)

Relationship ....

First Name ....

Surname ....

Phone ....

REFERRING DOCTOR

Name

Address ....

....

Postcode ....

Phone ....

Fax ....

Usual GP: As above Other (see below)

Name (if known): ....

Suburb: ....

SPECIAL NEEDS

If interpreter required please specify language and dialect:

....

Other special needs ....

....

LENGTH OF REFERRAL

☐ 12 months ☐ Other (*please specify*) ....

REFERRAL RECOMMENDATION

This patient needs to be seen (*please tick*)

☐ Priority 3 (within 365 days)

☐ Priority 2 (within 90 days)

☐ Priority 1 (within 30 days)

☐ Have discussed with Registrar/Consultant

Name ....

Appointment date given ....

(if applicable)

6994C April 07

REFERRAL LETTER

REASON FOR REFERRING (please tick more than one if applicable)

- ☐ Assessment Only
- ☐ Assessment and Management
- ☐ Hospital to Share Management with GP
- ☐ Diagnostic Procedure
- ☐ Suitable for Day Surgery
- ☐ Second Consultant Opinion

Dear Dr .... Re: *(Patient Name)*..

Current Problem ....

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Past History ....

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Current Medications..

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Allergies ....

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Other (eg. Social, occupational, family)..

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PLEASE ATTACH COPIES OF ANY RELEVANT INVESTIGATIONS / REPORTS / LETTERS

....	....	....
Doctor's Signature	Provider Number	Date

Template for GP software applications available on Division of General Practice website:
www.gpcoastal.com.au