

## REFERRAL DOCUMENT

CONFIDENTIAL

### URGENCY OF REFERRAL

URGENT

SOON

ROUTINE

### REFERRAL TO

CONSULTANT/RECEIVING PRACTITIONER  
AND/OR SPECIALTY CLINIC

HOSPITAL AND HOSPITAL ADDRESS

HOSPITAL UNIT NO.

EMAIL ADDRESS

### PATIENT DETAILS

TITLE

SEX

GENDER

D.O.B.

D	D	M	M	Y	Y	Y	Y
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SURNAME

FORENAME(S)

PREVIOUS  
SURNAME

PATIENT  
ID NO.

NEXT OF KIN

ADDRESS  
& POSTCODE

TELEPHONE

TELEPHONE

EMAIL

### REGISTERED GP DETAILS

NAME

PRACTICE CODE

GP IDENTIFIER

EMAIL

TELEPHONE

PRACTICE  
ADDRESS

FAX

## REFERRING PRACTITIONER DETAILS

(IF DIFFERENT TO REGISTERED GP)

NAME AND/OR AGENCY

ADDRESS

TELEPHONE

FAX

## HISTORY OF PRESENTING COMPLAINT, EXAMINATION FINDINGS AND INVESTIGATION RESULTS

## REASON FOR REFERRAL

## MANAGEMENT TO DATE

**PAST MEDICAL HISTORY**

**RELEVANT FAMILY HISTORY**

**CURRENT AND RECENT MEDICATION**

**CLINICAL WARNINGS AND RELEVANT RISK FACTORS**

**SMOKING STATUS**

NO. PER DAY

**ALCOHOL CONSUMPTION**

UNITS PER WEEK

**SOCIAL HISTORY**

**ADDITIONAL RELEVANT INFORMATION**

**SIGNATURE OF REFERRING DOCTOR**

**DATE**

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