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Parkville: +61 3 9342 4234 Royal Park: +61 3 8387 2217

Enquiries phone

Parkville: +61 3 9342 7393 Royal Park: +61 3 8387 2333

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Referral form

Referral to					
Department		Referral date			
Practitioner's name (if not listed)		Fir	nd more names at thermh.org.au/our-doctors		
Address (if known)					
Referral from					
Referrer name		Provider number			
Clinic name		Telephone			
Clinic address		Fax			
Patient / client details					
Surname	Address				
First name/s					
Preferred name/s	Phone				
Title (choose or specify)	Email				

Title (choose of specify)	Linan
Gender (choose from list)	Alternative contact person
Pronouns (choose or specify)	Alternative contact phone
Date of birth (dd/mm/yyyy)	RMH UR number (if known)
	Medicare number
Interpreter required Yes □ No □	Health insurance
Preferred language	Pension card number
Is the patient Aboriginal and/or Torres Strait Islander?	Department of Veteran's Affairs (DVA) number

Consent to referral and sharing of relevant information

Attach 'Patient Consent Form' if restrictions apply.

Yes □ No □

ABN 73 802 706 972

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Referral reasons	
	Telehealth consultation request? Yes □ No
Referral details (presenting problem or working diagno	Statewide referral criteria HealthPathways Melbou
dditional information (incl. social history, current trea	tment, past medical history and current services)





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Clinical information		
Alouto		
Alerts		
Allergies		
Current medication		
Drug name	Strength	Dose / frequency / special





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More information (add extra pages as needed)							



