SLHD FAX COVERSHEET



Referrals to Sydney Local Health District (SLHD) can be made using HealthLink SmartForms available in your practice software and the HealthLink Portal. If referral via that option is unavailable, fax referrals can be sent using this fax cover sheet to ensure timely triage. Please complete from your practice software, or use clear block letter handwriting.

Please send this form as the first sheet.

NEW REFERRAL / UPDATE TO PREVIOUSLY-SENT REFERRAL

Please ensure any investigations/results are included

Type of referral correspondence?	Referred-to Service Name:
— - PROVIDING REQUESTED INFORMATION	Location of Service (eg RPAH):
To/recipient (where applicable include named specialist if known *)	Recipient Fax No:
,	Number of pages (excluding coversheet):
Patient First Name:	Patient Last Name:
Dationt DOD (dd/mm/vana)	Patient Sex:
Patient DOB (dd/mm/yyyy): Click or tap to enter a date.	MALE FEMALE OTHER
	I WINCE IN TENTALE IN OTHER
Patient Medicare Number:	Referral ID (if provided by LHD – for updates/additional
Patient Medicare Number:	Referral ID (if provided by LHD – for updates/additional info to previously sent):
Patient Medicare Number: Click or tap here to enter text.	, , , , , , , , , , , , , , , , , , , ,
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Click or tap here to enter text.	info to previously sent):
Click or tap here to enter text.	info to previously sent):
Click or tap here to enter text. Referrer First Name:	info to previously sent): Referrer Last Name:
Click or tap here to enter text. Referrer First Name: Referrer Provider Number: Patients preferred and consented (from GP	info to previously sent): Referrer Last Name:
Click or tap here to enter text. Referrer First Name: Referrer Provider Number: Patients preferred and consented (from GP system) contact method – tick all that apply. We	info to previously sent): Referrer Last Name: Referrer Practice Name: Patient mobile number:
Click or tap here to enter text. Referrer First Name: Referrer Provider Number: Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required:	info to previously sent): Referrer Last Name: Referrer Practice Name:
Click or tap here to enter text. Referrer First Name: Referrer Provider Number: Patients preferred and consented (from GP system) contact method – tick all that apply. We	info to previously sent): Referrer Last Name: Referrer Practice Name: Patient mobile number: Patient home number:
Click or tap here to enter text. Referrer First Name: Referrer Provider Number: Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required:	info to previously sent): Referrer Last Name: Referrer Practice Name: Patient mobile number:

SLHD appreciates named referrals, patients can receive MBS and private health insurance-rebated services in a public hospital where the hospital arrangements support this type of service. An unnamed referrals means the patient will be seen by any attending doctor in the clinic, and will be a public patient. There is no cost to the patient for either option.

Up to date information on attending Specialists, referral criteria and department fax information can be found on the relevant HealthPathway. To access **HealthPathways** visit: https://sydney.communityhealthpathways.org/ Username: connected Password: healthcare

SLHD prefers to receive referrals electronically via **HealthLink SmartForms**. e-Referral is a faster, safer and more efficient way to refer to services, allowing us to send you electronic status updates on the progression of your referral. Please see the latest list of e-Referral-enabled services <u>here</u>.