



**Clinician Receiving Referral** (clinic details available on page 2)

<b>CLINIC NAME:</b>
<b>CLINICIAN NAME</b> (one clinician only):

**Patient Details and Communications**

<b>PATIENT SURNAME:</b>	<b>FIRST NAME:</b>	
<b>TITLE:</b> Mr / Mrs / Ms / Miss	<b>DOB:</b>	<b>GENDER:</b> Male / Female / Unspecified
<b>ADDRESS:</b>	<b>HOME CONTACT:</b>	<b>MOBILE CONTACT:</b>
<b>EMAIL:</b>	<b>INTERPRETER REQUIRED:</b> Yes / No	
<b>COMMUNICATION PREFERENCE:</b> Email / Mobile / Home telephone / Postage	<b>LANGUAGE / DIALECT:</b>	
<b>IDENTIFIES AS ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN:</b> Yes / No		
<input type="checkbox"/> Non-Medicare <input type="checkbox"/> WorkCover <input type="checkbox"/> DVA <input type="checkbox"/> Medicare	<b>MEDICARE NO.</b>	
<b>IF THE PATIENT HAS A CARER:</b>		
(Name)	(Telephone)	(Email details)
<b>SPECIALS NEEDS / REASONABLE ADJUSTMENTS FOR DISABILITY:</b> (specify)		

**Patient Healthcare Details**

<b>NAME OF GP:</b> (If not referrer)	<b>GP PROVIDER NO:</b> (If not referrer)
<b>CLINICAL INFORMATION / REASON FOR REFERRAL:</b> Please attach relevant investigations to prevent triage delays.	

**Referring Clinician Details**

<b>REQUESTING DR:</b>	<b>PROVIDER NO.</b>	<b>DATE:</b>
<b>ADDRESS:</b>		
<b>TELEPHONE:</b>	<b>FAX:</b>	<b>SIGNATURE:</b>

## Outpatient Department Clinic and Clinician Details

<p><b><u>Geriatric Clinic</u></b>            Dr Sarah Baldwin            Dr Yun Xu            Dr Chuang            Dr Tony Youssef            Dr Litsa Morfis            Dr Madeleine Wilkinson            Dr Grant Pickard</p>	<p><b><u>Neurology Clinic</u></b>            Dr Louise Allport            Prof Mark Hersch            Dr Jane Prosser            Dr Elizabeth Shiner            Dr Mahtab Ghadiri            Dr Justine Wang            Dr Monica Badve            Dr Walid Matar</p>	<p><b><u>Haematology Clinic</u></b>            Dr Beng Chong            Dr Sylvia Zheng            Dr Qin Liu            Dr Amanda Hugman</p>	<p><b><u>Diabetic / Endocrine Clinic</u></b>            Dr Terry Diamond            Dr Michael Reyes            Dr Peter Rohl            Dr Anthony O'Sullivan            Prof Peter Smerdely</p>
<p><b><u>Drug &amp; Alcohol Clinic</u></b>            Dr Peter Gottlieb</p>	<p><b><u>Rheumatology Clinic</u></b>            Dr Bill Giannakopoulos</p>	<p><b><u>Wound Clinic</u></b>            Wound CNC</p>	<p><b><u>Immunology</u></b>            Prof Steven Krilis</p>
<p><b><u>Movement Disorder Clinic</u></b>            Dr Stephen Duma</p>	<p><b><u>Colorectal Clinic</u></b>            Prof David Lubowski</p>	<p><b><u>Gastroenterology</u></b>            Dr Gokulan Pavendranathan</p>	<p><b><u>Swallow</u></b>            Dr Peter Wu</p>
<p><b><u>Dermatology Clinic</u></b>            Prof Dedee Murrell            Dr Ben Daniel</p>	<p><b><u>Infectious Disease Clinic</u></b>            Dr Chris Weatherall            Dr Pamela Konecny            Dr Richard Sullivan</p>	<p><b><u>Vascular Clinic</u></b>            Dr Eric Farmer            Dr Jim Iliopoulos            Dr Lubomyr Lemech</p>	<p><b><u>IBD</u></b>            Prof Michael Grimm            Dr Gokulan Pavendranathan            Dr. William Bye</p>

**NOTE:** General clinic name is no longer accepted. Please address your referral to **one** of the clinicians listed above. Referral addressed to multiple clinician names will be rejected.