

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO SPECIALIST OUTPATIENT CLINICS

Last name*		First name/s*	
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*mandatory fields

The Alfred
Sandringham
Caulfield

T 03 9076 2025

F 03 9076 6938

E op.referrals@alfred.org.au

T 03 9076 1288

F 03 9076 1252

E op.referrals@alfred.org.au

T 03 9076 6800

F 03 9076 6435

E consultingsuites@alfred.org.au

Your patient will be contacted with appointment details

Patient details

Date of birth*		Sex at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Gender identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Different term		
Address*			
Telephone*		Email	
Preferred contact method	<input type="checkbox"/> Telephone <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Letter		
Medicare No		Reference	
		Expiry	
Private health insurance number		NDIS number	
		<input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> Other	
Pension card number		DVA number	
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language	
Aboriginal status	<input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal <input type="checkbox"/> Question unable to be asked <input type="checkbox"/> Aboriginal not Torres Strait Islander <input type="checkbox"/> Patient declined to answer		
Cultural / support needs			
Contact person name		Relationship	
		Telephone	

Specialist clinic requested

Name of specialist

Has this referral been discussed with the Unit Registrar? ☐ Yes Registrar name

Reason for referral / health issues to be addressed (essential information for referral to be accepted)

Presenting problem / working diagnosis / current management and response to treatment

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Investigations and results <i>list</i> <input type="checkbox"/> <i>nil</i> or <input type="checkbox"/> <i>relevant histopathology / investigations attached</i>

Medications <i>list below</i> <input type="checkbox"/> <i>nil</i> or <input type="checkbox"/> <i>medication list attached</i>		
Drug name	Strength	Dose / frequency

Allergies	
Alerts / risks	

Medical history <input type="checkbox"/> Mental health <input type="checkbox"/> Surgical <input type="checkbox"/> Cancer <input type="checkbox"/> Community supports

Additional considerations <i>functional impairments; impact on work, study or school; impact on caring responsibilities; social impact; comorbidities; quality of life</i>

Patient Portal The Patient Portal enables patients to easily access their Alfred Health appointment and health information online. Patients are encouraged to register, once they have received a Medical Record Number. https://www.alfredhealth.org.au/patients-families-friends/patient-portal

Referring medical practitioner details	Date of referral		Provider No	
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Referral period	<input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> Indefinite
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Name		Email	
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Address	
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Telephone		Fax	
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Copies to	
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Are you the patients usual GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: absence of required information may lead to delays in referral processing, or referral being declined