

Specialist Clinics GP Referral form

Fax your referral to 03 9496 2097. For enquiries call Specialist Clinics on 03 9496 2900.

We prefer to receive eReferrals from GP. For more information visit [Austin Health: GP information](#).

Referral source/DR stamp: Dr: _____ Address: _____ Suburb: _____ P/code: _____ Phone: _____ Fax: _____ Provider No: _____ Email: _____ Signature: _____ Date of referral: _____		Patient details: Name: _____ Address: _____ Suburb: _____ P/code: _____ Gender: Male Female Other Phone: _____ Mobile: _____ Date of Birth: _____ Medicare No: _ _ _ _ _ Medicare Exp: / Email: _____					
Unit required:							
Reason for referral:							
Referral valid for:							
Patient information:							
Is the patient Aboriginal or Torres Strait Islander?		Yes or No					
Is the patient a veteran?		Yes or No					
DVA number:							
Has the patient attended this hospital in the past?		Yes or No					
Is yes, Austin UR:							
Is transport required?		Yes or No					
Is an interpreter required?		Yes or No					
Is yes, which language?							
Clinical urgency:		Urgent or Routine					
Current medications Attached: Yes or No		Recent investigation results Attached: Yes or No		Past history Attached: Yes or No			
Social factors impacting care:							
Will the patient be arriving by ambulance?		Yes or No					
Does the person live alone?		Yes or No					
Does the person have caring responsibility for others?		Yes or No					
Will the patient require support from any of these services?							
Dietician: Yes or No		Physiotherapy: Yes or No		Social Work: Yes or No		OT: Yes or No	