



**Referrals**

GP Liaison phone: +61 3 8387 2161  
 Outpatient referrals fax (Parkville): +61 3 9342 4234  
 Direct Access Unit fax (Royal Park): +61 3 8387 2217



## Referral form

### Referral to

<b>Department</b>	<b>Referral date</b>
<b>Practitioner's name (if not listed)</b>	Find more names at <a href="http://thermh.org.au/our-doctors">thermh.org.au/our-doctors</a>
<b>Address (if known)</b>	

### Referral from

<b>Referring GP name</b>	<b>Provider number</b>
<b>Clinic name</b>	
<b>Clinic address</b>	

### Patient / client details

<b>Surname</b>	<b>Address</b>
<b>First name/s</b>	
<b>Preferred name/s</b>	<b>Phone</b>
<b>Title (choose or specify)</b>	<b>Email</b>
<b>Gender (choose from list)</b>	<b>Alternative contact person</b>
<b>Pronouns (choose or specify)</b>	<b>Alternative contact phone</b>
<b>Date of birth (dd/mm/yyyy)</b>	<b>RMH UR number (if known)</b>
	<b>Medicare number</b>
<b>Interpreter required</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Health insurance</b>
<b>Preferred language</b>	<b>Pension card number</b>
<b>Is the patient Aboriginal and/or Torres Strait Islander?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Department of Veteran's Affairs (DVA) number</b>

### Consent to referral and sharing of relevant information

Yes  No

Attach 'Patient Consent Form' if restrictions apply.

