



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

Department	Referral date
Practitioner's name (if not listed) Find more names at thermh.org.au/our-doctors	
Address (if known)	

Referral from

Referring GP name	Provider number
Clinic name	
Clinic address	

Patient / client details

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

Consent to referral and sharing of relevant information

Yes ☐ No ☐

Attach 'Patient Consent Form' if restrictions apply.

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Referral details (presenting problem or working diagnosis)

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Drug name	Strength	Dose / frequency / special

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