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| **Patient demographic information** | • full name  • date of birth  • name of parent or carer (if applicable)  • address  • telephone number(s)  • email address  • alternative contact details  • preferred method of communication  • Medicare number  • Indigenous status (if applicable)  • language other than English (if applicable), reliance on a carer, reliance on cultural, linguistic or disability support (e.g. need for an interpreter), reliance on transport support  • contact details for usual GP (if the GP is not the referring clinician) |
| **Referrer demographic information** | • full name  • address  • telephone and fax number(s)  • email address  • preferred method of communication  • provider number |
| **Reason for referral** | What is the main purpose of the referral:  • requesting services to establish a diagnosis, provide clinical assessment or inform a treatment plan  • requesting partnership care between the patient, GP and the health service (such as patients with chronic or progressive conditions that require ongoing specialist advice, or services to improve and optimise people’s function and participation in activities of daily living)  • requesting specific tests or investigations that cannot be ordered, accessed or interpreted through the primary care system  • requesting treatments or an intervention. |
| **Presenting problem** | Indicate the presenting problem or working diagnosis |
| **Service requested** | Indicate the clinic or service request |
| **Required referral information** | • date of referral  • indicate that the patient has agreed to the referral and the sharing of their personal and health information with the health service  • referring clinician’s assessment of clinical urgency  • required clinical information listed in any referral criteria for the resenting problem |
| **Current patient management** | • current treatment  • previous treatment and response to this treatment  • complete and current medication list  • allergies and previous adverse events  • relevant medical history  • relevant family history  • relevant social history |
| **What is the impact of the problem on the patient?** | |  | | --- | | List any functional impairments, impact on work, study or school, impact on caring responsibilities, social impact, impact on comorbidities | |