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| General practice referral |  | **GP Review Date:** [<<GP review date>>](#CUSTOM) |

ver March 2013

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|  | **Feedback Requested:**  Yes  No**Referral Date:** [<<Miscellaneous:Date>>](7) |

 Patient /consumer details

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| Name: <<Patient Demographics:Full Name>> |  | Preferred Name: <<Patient Demographics:Greeting>> |
| Date of Birth: <<Patient Demographics:DOB>> |  | Sex: <<Patient Demographics:Sex>> Title: <<Patient Demographics:Title>>  |
| Address: <<Patient Demographics:Full Address>> |  | Phone:<<Patient Demographics:Phone (Home)>> Work: <<Patient Demographics:Phone (Work)>>Mobile: <<Patient Demographics:Phone (Mobile)>> |
| Email: <<Patient Demographics:E-mail>> |  Alternative Contact: [<<Alternative contact>>](#CUSTOM) Indigenous status: [<<ATSI Status>>](#CUSTOM) |

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|  | **Referral to:**Name: <<Addressee:Name>> |  |  |  | **Referring General Practitioner:**Name: <<Doctor:Name>> Provider No.: <<Doctor:Provider Number>>  |  |
|  | Address: <<Addressee:Full Address>> |  |  |  | Address: <<Doctor:Full Address>> |  |
|  | Phone: <<Addressee:Phone>> |  |  |  | Phone: <<Practice:Phone>> |  |
|  | Email: <<Addressee:E-mail>>Fax: <<Addressee:Fax>> |  |  |  | Email: <<Doctor:E-mail>>Fax: <<Doctor:Fax>> |  |

Service requested

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| [<<Service requested>>](#CUSTOM)Priority: urgent (list reason) : non urgent  |

Reason for patient referral

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|  [<<Reason for patient referral>>](##CUSTOM#|C|0||0|)  |

Other notes (for example current services)

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| Interpreter required: [<<Interpreter required?>>](#CUSTOM) |  | DVA Number: <<Patient Demographics:DVA Number>> |
| Preferred language is: [<<Preferred language?>>](#CUSTOM)  |  | Insurance: <<Patient Demographics:Health Insurance>> |
| Pension Card Number: <<Patient Demographics:Pension Number>> |  | Medicare Number: <<Patient Demographics:Medicare Number>> |

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| General practice referral**Purpose: to provide a standardised quality****referral from general practice to other****service providers** |  |  |

Clinical Information

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| **Warnings:** <<Clinical Details:Warnings>> |
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| **Allergies:** <<Clinical Details:Allergies>> |
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**Current Medication:**

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| [<<Clinical Details:Medication List>>](ESMDD) |
| **Social History:**<<Clinical Details:Social History>> |

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| **Past Medical History:**<<Clinical Details:History List>> |

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| **Investigations/Test Results:**<<Summary:Investigation Results (Selected)>> |

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| **Relevant plans (eg General Practice Management Plan, Team Care Arrangement, Mental Health Treatment Plan):**[<<Relevant Plans (eg Team Care Arrangement)>>](#CUSTOM) |

Referral Acknowledgment: to be completed by agency/practitioner in receipt of referral

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| To acknowledge a referral you have received, complete this section |
| **From** | Name: | Position: |
|  | Organisation**:** | Phone: |
|  | Ema**il:** | Fax: |
| **To** | Name: | Position: |
|  | Organisation**:** | Phone: |
|  | Email: | Fax: |
| Date referral received : [<<Miscellaneous:Date>>](1)Status of referral: Accepted Wait listed Rejected (note reason and suggested alternatives) Estimated date of assessment: [<<Miscellaneous:Date>>](1)Contact person for further information : As above (From details) New contact (Provide in notes) I agree to participate in the care of this patient under a Team Care Arrangement |
| **Notes:** |