AlfredHealth

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO SPECIALIST OUTPATIENT CLINICS

Last name*		First name/s*	

*mandatory fields

The Alfred	**T** 03 9076 2025	**F** 03 9076 6938	**E** op.referrals@alfred.org.au
Sandringham	**T** 03 9076 1288	**F** 03 9076 1252	**E** op.referrals@alfred.org.au
Caulfield	**T** 03 9076 6800	**F** 03 9076 6435	**E** consultingsuites@alfred.org.au

Your patient will be contacted with appointment details

Patient details

Date of birth*		Sex at birth	☐ Female ☐ Male ☐ Other
Gender identity	☐ Female ☐ Male ☐ Non binary ☐ Not stated ☐ Prefer not to answer ☐ Different term		
Address*			
Telephone*		Email	

Preferred contact method	☐ Telephone ☐ SMS ☐ Email ☐ Letter

Medicare No		Reference		Expiry		NDIS number	
Private health insurance number					☐ TAC ☐ WorkCover ☐ Other		
Pension card number				DVA number			
Interpreter	☐ Yes ☐ No	Language					

Aboriginal status	☐ Not Aboriginal or Torres Strait Islander ☐ Aboriginal and Torres Strait Islander
	☐ Torres Strait Islander not Aboriginal ☐ Question unable to be asked
	☐ Aboriginal not Torres Strait Islander ☐ Patient declined to answer

Cultural / support needs					
Contact person name		Relationship		Telephone	

Specialist clinic requested		**Name of specialist**	

Has this referral been discussed with the Unit Registrar? ☐ Yes Registrar name

Reason for referral / health issues to be addressed *(essential information for referral to be accepted)*

Presenting problem / working diagnosis / current management and response to treatment

EMR: Referrals / Referral to Clinics

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Last name*		First name/s*	

Investigations and results *list*   ☐ *nil*   **or** ☐ *relevant histopathology / investigations attached*

Medications *list below* ☐ *nil*   **or** ☐ *medication list attached*

Drug name	Strength	Dose / frequency

Allergies	
Alerts / risks	

Medical history   ☐ Mental health   ☐ Surgical   ☐ Cancer   ☐ Community supports

Additional considerations   *functional impairments; impact on work, study or school; impact on caring responsibilities; social impact; comorbidities; quality of life*

Patient Portal
The Patient Portal enables patients to easily access their Alfred Health appointment and health information online. Patients are encouraged to register, once they have received a Medical Record Number.
https://www.alfredhealth.org.au/patients-families-friends/patient-portal

Referring medical practitioner details	Date of referral		Provider No	
Referral period	☐ 3 months ☐ 12 months ☐ Indefinite			
Name		Email		
Address				
Telephone		Fax		
Copies to				
Are you the patients usual GP?	☐ Yes ☐ No			

Note: absence of required information may lead to delays in referral processing, or referral being declined

EMR: Referrals / Referral to Clinics

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