

# General practice referral

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

## Consumer

Name: \_\_\_\_\_

Date of Birth: dd/mm/yyyy / /

Sex: \_\_\_\_\_

UR Number: \_\_\_\_\_

or affix label here

Referral date: dd/mm/yyyy / /

Feedback requested:  Yes  No

## Patient /consumer details

Name: _____	Preferred name/s: _____
Date of Birth: / /	Sex: _____ Title: _____
Address: _____	
Phone: _____	Work: _____ Mobile: _____
Email: _____	Alternative contact: _____ Indigenous status: _____

Referral to:
Name: _____
Phone: _____
Fax: _____
Email: _____

Referring General Practitioner:
Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Provider number: _____

General practice referral

## Service requested

Priority:  urgent (list reason)  non-urgent

## Reason for patient referral

\_\_\_\_\_

## Other notes (for example current services)

\_\_\_\_\_

Interpreter required: _____	DVA number: _____
Preferred language: _____	Insurance: _____
Pension card number: _____	Medicare number: _____

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## Clinical information

Warnings:

Allergies:

Current medication:

None known:

Drug name	Strength	Dose/frequency/special

Social history:

Medical history:

Investigation / Test results / Relevant plans (eg General Practice Management Plan, Team Care Arrangement, Mental Health Treatment Plan):

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

To acknowledge a referral you have received, complete this section

<b>From</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:
<b>To</b>	Name:	Position:
	Organisation:	Phone:
	Email:	Fax:

Date referral received: dd/mm/yyyy / /

Status of referral:  Accepted  Wait listed  Rejected (note reason and suggested alternatives)

Estimated date of assessment: dd/mm/yyyy / /

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:

Referring doctor

Patient name:

Date: dd/mm/yyyy / /

Page 2 of 2