Date

|  |
| --- |
| UR and barcode |

Dr Referrer

Practice name

00 Primary Street

Suburb 0000

**Referral accepted (high priority) and Initial Specialist Clinics appointment**

Dear Dr [Name],

Re: [Patient name], DOB: [Date of birth]

Address: [Address]

 Referral date: [date]

Your **patient’s referral to the [clinic name] clinic** has been **triaged as high priority**. Your patient has an upcoming appointment and has been notified.

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic]**  |
|  |  **Date** | **[Day] [DD] [MMM] [YYYY]**  |
|  | **Time** | **[HH]:[MM][AM/PM]**  |
|  | **Address** | **[Hospital] Specialist Clinics**[Address][Floor], [Building name][reception]  |

Please remind your patient to bring the following:

1. Their appointment letter
2. Their Medicare Card
3. A list of all medications they are currently taking
4. **Test results or scans** if these have been **performed since their referral** and any other tests or investigations that must be completed prior to the appointment
5. Their GP’s contact details (if this referral is not from their GP)
6. Their Advance Care Directive (if they have one)

Please see HealthPathways <http://melbourne.healthpathways.org.au> for other management or treatment options for your patient. Please **contact us on (03) xxxx xxxx** if there is a clinically significant change to your patient’s condition while waiting for this appointment.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics