



Ngamai
Wilam

Ngamai Wilam GP Medical Report & Tests

Patient Details

Patient Name:

Date of Birth:

Address:

Medicare Number:

Date Completed:

GP Details

GP Name:

Practice Name:

Address:

Phone:

Email:

Fax:

Health Summary (including allergies and intolerances)

Investigations & ECG

Date of results must be within the previous 2 weeks

<input type="checkbox"/> FBC	<input type="text"/>
<input type="checkbox"/> UEC	<input type="text"/>
<input type="checkbox"/> Bicarbonate	<input type="text"/>
<input type="checkbox"/> eGFR	<input type="text"/>
<input type="checkbox"/> Calcium	<input type="text"/>
<input type="checkbox"/> Magnesium	<input type="text"/>
<input type="checkbox"/> Phosphate	<input type="text"/>
<input type="checkbox"/> Thyroid Function Tests	<input type="text"/>
<input type="checkbox"/> Random Glucose Liver	<input type="text"/>
<input type="checkbox"/> Function Tests	<input type="text"/>

ECG

Normal Abnormal

GP Name:

Signature:

Date:

This information can be presented in whatever format is most convenient for you however we cannot proceed with the referral unless all the information in the form is provided.