

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO BURNS CLINIC Victorian Adult Burns Service

- All referrals should be discussed with the Burns Registrar - 03 9076 2000
Name of Registrar discussed with

Appointment: The patient will be contacted by the Specialist Consulting Clinics Team

Location: The Alfred, 55 Commercial Road, MELBOURNE, VIC, 3004

Specialist Consulting Clinics: 03 9076 2025

Email: outpatient@alfred.org.au

Patient Details

*mandatory fields

Family Name*				Given Name*			
Date of Birth*		Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Email			
Address				Telephone			
Medicare No			Reference No		Expiry		
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> Private <input type="checkbox"/> Pensioner <input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> DVA <input type="checkbox"/> Other							
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No		Language				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Not specified			
Cultural considerations / special needs							
Contact Person	Name						
	Relationship		Telephone				

Reason for referral*

Burn mechanism			
Date / Time of injury		Size & Depth of burn	
Dressing Plan		First Aid	
Pain Management Plan			

Wound images – attach if available

Medical & Social History attach additional info if needed

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	List		
ADT (Adsorbed Diphtheria & Tetanus)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Medication List <small>attach additional info if needed</small>	Strength	Dose / frequency / special

Referrer Details	Date of Referral		Provider No	
Referrers Name		Address		
Telephone		Fax	Email	
Consult	<input type="checkbox"/> In clinic <input type="checkbox"/> Telehealth	Copies to		

Send referral to: email outpatient@alfred.org.au Fax 03 9076 6938