

☐ Alfred ☐ Sandringham ☐ Caulfield

## REFERRAL TO INFECTIOUS DISEASES – VICPhage Service

- Attach all relevant histopathology reports and investigations
- Your patient will be contacted with appointment and location to attend details

Enquiries: VICPhage Service [VICPhage@alfred.org.au](mailto:VICPhage@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
Address							
Telephone				Medicare No			Ref
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No		Language				
Aboriginal or Torres Strait Islander							
Cultural considerations / special needs							
Contact Person	Name						
	Relationship				Telephone		

### Reason for referral / infection to be treated with phage

### Relevant History

Comorbidities  
 Known allergies / drug intolerances  
 Time since discharge  
 Site of infection  
 Isolated species  
 Culture available and/or obtainable  
 Pathogen antibiotic sensitivity  
 Current antimicrobial treatment  
 past antimicrobial treatment and reasons for discontinuation  
 Source control intervention/s performed  
 Statement of impact (life, limb, function, QoL threatening?)

### Referrer Details

Date of Referral

Provider No

Name				Address			
Telephone				Fax			
Email				Copies to			

Return referral to [outpatient@alfred.org.au](mailto:outpatient@alfred.org.au) or Fax 03 9076 6938

EMR: Referrals / Referral to Clinics

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