

Alfred Sandringham Caulfield

REFERRAL TO VICTORIAN MELANOMA SERVICE

| | | |
|------------|---------------|----------------|
| Last name* | First name/s* | Date of birth* |
|------------|---------------|----------------|

*mandatory fields

- Attach all relevant histopathology reports and investigations
- Your patient will be contacted with appointment details
- Enquiries: Clinic Coordinator T 03 9076 0365 F 03 9076 8500 E: melanomaservice@alfred.org.au

Patient Portal

The Patient Portal enables patients to easily access their Alfred Health appointment and health information online. Patients are encouraged to register, once they have received a Medical Record Number.

Patient details

| | | |
|---|--|--|
| Sex | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Telephone |
| Address | | Email |
| Medicare No | Reference No | Expiry |
| Interpreter | <input type="checkbox"/> Yes <input type="checkbox"/> No | Language |
| Indigenous status | <input type="checkbox"/> Not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Aboriginal and Torres Strait Islander |
| | <input type="checkbox"/> Torres Strait Islander not Aboriginal | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Aboriginal not Torres Strait Islander | <input type="checkbox"/> Not specified |
| Cultural considerations / support needs | | |
| Contact person | Name | |
| | Relationship | Telephone |

Health issues to be addressed / reason for referral

Relevant history, including mental health

Outcomes requested

| | | |
|-------------------------|------------------|-------------|
| Referrer details | Date of referral | Provider No |
| Name | Telephone | |
| Address | | |
| Fax | Email | |
| Copies to | | |

Return referral to F 03 9076 8500 E melanomaservice@alfred.org.au

