Outpatient referral

theAlfred
Part of AlfredHealth

Referral Date: / /

GP Review Date: / /

Feedback Requested: ☐ Yes ☐ No

Referral to:
Specialist Consulting Clinics, The Alfred Hospital
PO Box 315, Prahran 3181
Phone: 9076 2025
Fax: 9076 6938
Email: outpatient@alfred.org.au

Referring General Practitioner (stamp):

Clinic or Specialist requested:

Have you discussed this referral with the Unit Registrar? Yes☐ No☐

Patient details

Name:

Date of Birth: / /

Preferred name/s:

Sex: ☐ Male ☐ Female

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Address:

Phone: Work:

Mobile:

Email:

Alternative Contact:

Indigenous Status:

Period of referral: ☐ 3 months ☐ 12 months ☐ Indefinite

GP Referral

Reason for patient referral

Other notes (eg current services)

Interpreter required:

Preferred language is:

Pension Card Number:

DVA Number:

Insurance:

Medicare Number:

Consent to referral and sharing of relevant information: ☐ Yes ☐ No
Attach 'Patient Consent Form' if restrictions apply.

Outpatient Referral

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Clinical information

Warnings:

Allergies:

Current Medication:

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Social History:

Past Medical History:

Investigation / Test Results: Please attach

GP Referral

Please fax this referral to The Alfred Specialist Consulting Clinics: 9076 6938

Please note that the absence of required information may lead to delays in processing the referral and subsequent appointment allocation.