Eye and Ear Referral 5\_2018

|  |  |
| --- | --- |
|  | Outpatient Appointment New Referral  Enquiries: 9929 8500 Fax: 9929 8404 |
| Retain ORIGINAL for your own file. Fax to Outpatient Booking Unit on 9929 8404.  RVEEH must have patient phone number. | Referral Date: Miscellaneous.Date  Patient's UR: Patient's UR |

PATIENT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | Patient Demographics.Title | Surname: | Patient Demographics.Surname | Given Name: | Patient Demographics.First Name |
| Date of Birth: | Patient Demographics.DOB | Gender: | Patient Demographics.Gender |  |  |
| Street: | Patient Demographics.Address |  |  |  |  |
| City: | Patient Demographics.Suburb | Postcode: | Patient Demographics.Postcode |  |  |
| Home Number: | Patient Demographics.Phone (Home) | Work Number: | Patient Demographics.Phone (Work) | Mobile Number: | Patient Demographics.Phone (Mobile) |
| Preferred Language: | Language Preferred | Interpreter: | Interpreter | Asylum Seeker: | Asylum seeker |
| Medicare Number: | Patient Demographics.Medicare Number | Position: |  | Expiry Date: | Patient Demographics.Medicare Expiry Date |
| Aboriginal / Torres Strait islander: |  | Y / N | ATSI | TAC Number: | TAC Card Number |
| DVA Number: | Patient Demographics.DVA Number | Expiry Date: | Patient Demographics.DVA Expiry Date |  |  |

Note: if your patient does not have a Medicare card they may not be able to attend the hospital's outpatient clinics.

OUTPATIENT SPECIALITY: Outpatient Specialty

CLINICAL REASON FOR REFERRAL:

|  |  |
| --- | --- |
| Symptoms: | Reason for referral |
| Duration: | Duration |
| Functional Impact: | Functional |
| Examination findings: | Examiniation |

Is a diagnostic report requested in the referral guidelines? Diagnostic Requested http://www.eyeandear.org.au/page/Health\_Professionals/Referring\_to\_the\_Eye\_and\_Ear/Referrals

Please dispatch relevant diagnostic reports, X-rays or pathology results relevant to this referral (please tick):

o Audiogram o Optometrist Report o X-ray o CT Scan o MRI o Pathology o Other …...….....……………

The Eye & Ear Hospital is committed to protecting the privacy of every individual. We comply with legislation relating to privacy and confidentiality, including the Health Services Act 1988 (Vic), Information Privacy Act 2000 (Vic), Freedom of Information 1982 (Vic) and the Health Records Act 2001 (Vic). The Hospital cannot use or disclose personal or health information without the consent of the individual, except if required or permitted under law.

RELEVANT PAST HISTORY & MEDICATIONS:

|  |
| --- |
| Clinical Details.Problem List (Current)  Clinical Details.Medication List |

DOCTOR'S DETAILS (or Doctor's Stamp): DOCTOR'S STAMP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Treating Doctor.Name | Initial: |  |  |
| Practice Name: | Practice.Name |  |  |  |
| Address: | Treating Doctor.Address |  |  |  |
| City: | Treating Doctor.Suburb | Poscode: | Treating Doctor.Postcode |  |
| Phone: | Treating Doctor.Phone | Fax: | Treating Doctor.Fax |  |
| Email: | Treating Doctor.E-mail |  |  |  |
| Provider No: | Treating Doctor.Provider Number |  |  |  |