

RURAL PRIMARY HEALTH SERVICE (RPHS)
REFERRAL FORM

Only patients that do not live in postcode 4670

Urgent Not Urgent

Allied Health Service:

- Diabetes Educator Counsellor Podiatry
 Dietitian Physiotherapist (Nth Burnett only)

Clinic Booking: *Fax Referrals to GP Links WB on 4151 0794*

- Gin Gin Mt Perry Eidsvold Mundubbera
 Childers Biggenden Gayndah

Discovery Coast Community Health Service: *Fax Referrals to 4902 1188*

- Baffle Creek Rosedale Agnes Waters Miriam Vale

Client Details:

Name: DOB:/...../..... Age

Address: Gender: Male Female

..... Phone: (.....).....

Town: Mobile:

Post Code Date of Referral:...../...../...20.....

Referred By:

- GP (*If referring to more than one AHP, please specify which AHP client is to see first*)
- Allied Health Professional Specialist Nurse Other (*self/ family/ carer*)

Diagnosis:

Reason for Referral:.....

Additional Information (required):

Health Summary – Previous Medication/ Surgical History, Current Medications
Pathology Results – Biochemistry (incl. HbA1c, Lipids, Urine Albumin, renal and liver function tests)

PLEASE ATTACH ANY OTHER DOCUMENTATION RELEVANT TO CLIENT

Clinic Stamp

Sign:

Date:/...../ 20.....

OFFICE USE ONLY: Appointment Referral Entry: *Date:*

APPOINTMENT MADE: *Date:* *Time:*.....