

Werribee Mercy Hospital Outpatients Referral	 Mercy Health <i>Care first</i>	Referral Date:
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Outpatient contact details

Fax number for all referrals: 8754 6710 **Outpatient enquiries: ph. 8754 6700**

Clinic requested

Specialty: _____ Clinic Doctor (if known) _____

Patient Details

Last/Family name:	First name:
Previous last name:	Sex:
Date of birth:	Aboriginal and Torres Strait Islander status:
Address:	Home telephone No.:
Suburb:	Mobile number:
Postcode:	Email:
Preferred contact method:	Medicare no.: Reference: <input type="checkbox"/> Non-eligible
NOK/Carer:	Private Health Fund:
NOK relationship:	Private Health No.:
NOK contact no.:	Pensioner/Concession/Health/DVA No.:
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify language: _____	
Previous Mercy patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mercy UR Number (if known): _____
The patient has agreed to the referral and the sharing of their personal and health information with the health service <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referring Doctor Details

Referring Doctor:	Provider number:
Practice Name:	
Practice Address:	
Suburb:	
Postcode:	Phone No: _____
Email:	Fax: _____
Preferred method of communication:	

Patient's usual GP (if not the same as referring doctor)	
Name: _____	Clinic: _____

Reason for patient referral / Presenting problem (or working diagnosis)

Clinical information

Gravida / Para :		Last Cervical Screen:	
Allergies:			
Height (cm):	Weight (kg):	BMI:	

Relevant investigation / test results

Please attach results as per the Statewide Referral Criteria for Specialist Clinics <https://src.health.vic.gov.au>

If the required investigation/test results are not attached the referral will not be accepted by Mercy Health

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Current medication

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Past medical history

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Relevant social history

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Other notes *(eg management to date, current services, impact of the problem on the patient)*

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Doctor's signature:	Date:
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Appointment details will be sent to referring GP and the patient.

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This form constitutes a valid referral to Werribee Mercy Hospital provided all requested details are complete.