

Mercy Hospital for Women

Outpatients Referral



Referral Date: 21/02/2025

Outpatient contact details

Fax number for all referrals: 8458 4205

Outpatient enquiries: ph 8458 4111

Clinic requested

Specialty:

Clinic Doctor (if known)

Patient Details

Last/Family name:	First name:	
Previous last name:	Sex: Choose an item.	
Date of birth:	ATSI status: Choose an item.	
Address:	Home telephone No.:	
Suburb:	Mobile number:	
Postcode:	Email:	
Preferred contact method:	Medicare no.: <input type="checkbox"/> Non eligible	Reference:
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:
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Reason for patient referral / Presenting problem (or working diagnosis)

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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:

Appointment details will be sent to referring GP and the patient.

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