Haematology QUEENSLAND

REFER A PATIENT

For use by medical professionals

DOCTOR...

○ Dr Rebecca CLEARY ○ Dr Tzu-Yang WANG ○ Dr Fraser WRIGHT ○ No Preference

PATIENT DETAILS...

Patient Name: ..... Gender: ○ Male ○ Female

Date of Birth: .....

Address: .....

..... Postcode: .....

Patient Phone: ..... Patient Email: .....

MEDICARE NUMBER

EXPIRY DATE

		/					

Number NEXT to your name on the Medicare card ↑

Do you have a DVA NUMBER (Department of Veterans' Affairs)? ○ NO ○ YES... please complete the following

Do you have PRIVATE HOSPITAL INSURANCE? ○ NO ○ YES... please complete the following

NAME OF FUND ..... MEMBERSHIP NUMBER .....

REFERRING DETAILS...

Doctor Name: .....

Practice Name: .....

Practice Address: .....

Phone: ..... Fax: .....

Email: ..... Provider Number: .....

REFERRAL DETAILS...

Reason for referral: .....

Urgency: .....

Recent Investigation Results:

○ FBC ○ ELFT's ○ Sepp Date: ..... Provider: .....

○ Imaging Date: ..... Provider: .....

COMPLETED BY...

NAME (printed): .....

SIGNATURE: ..... Date: ..... / ..... / .....