

**PATIENT DETAILS**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: Male  Female  Prefer not to say   
Street number and name: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dear Dr Sabanathan,

Thank you for seeing this patient for further investigation and management of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH AN UP-TO-DATE LIST OF BACKGROUND MEDICAL CONDITIONS, MEDICATIONS, RELEVANT PATHOLOGY AND IMAGING.**

**REFERRING DOCTOR DETAILS:**

Doctor's full name: \_\_\_\_\_ Provider number: \_\_\_\_\_  
Practice name: \_\_\_\_\_  
Practice street number and name: \_\_\_\_\_  
Additional notes: \_\_\_\_\_

**Yours sincerely,**

**PLEASE SEND COMPLETED REFERRAL TO: FAX OR EMAIL**