

Email: genetics@austin.org.au

Telephone: (03) 9496 3027

Fax: (03) 9496 4385

<p>REFERRAL SOURCE / DR STAMP:</p> <p>Dr Address: Phone: Fax: Provider No: Email: Signature:</p> <p>DATE OF REFERRAL:</p> <p>Duration:</p>	<p>CLIENT DETAILS:</p> <p>Name: Address: Email: Home Phone: Mobile: Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female Medicare No:</p>
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UNIT REQUIRED: Clinical Genetics	HEAD OF UNIT: Dr Ainsley CAMPBELL
CLINICAL URGENCY: <input type="checkbox"/> Urgent or <input type="checkbox"/> Routine <input type="checkbox"/> Pregnant	
If urgent, please phone and discuss with the duty Genetic Counsellor on 03 9496 3027	

REASON FOR REFERRAL:

REFERRAL VALID FOR:

CLIENT INFORMATION:

Is the patient Aboriginal?	Yes or No	Is the patient a veteran?	Yes or No
Is the patient Torres Strait Islander?	Yes or No	DVA No:	
Has the patient attended this hospital?	Yes or No	Interpreter required?	Yes or No
		If Yes: which language?	

Austin UR:

CURRENT MEDICATIONS: Attached: Yes or No	RECENT INVESTIGATION RESULTS: Attached : Yes or No	PAST HISTORY: Attached: Yes or No