

# Pre-Procedure Assessment Clinic Referral Form

Please complete and email form to SAWMH.Suites1@uhealth.com.au

## Patient Details

Preferred consultant: Dr K. Baboolal	Other	Referral date:
Patient given name(s):	Patient surname:	
DOB:	Medicare no:	
Health fund name:	Health fund no:	
Address:		
Email Address:		
Phone Number (Home):	Mobile:	

Referring Specialist

Provider no.

Date of scheduled procedure

Type of scheduled procedure/surgery

Anaesthetist (if known)

Pre-Clinic pathology request form given to patient (LFT/UEC/FBC)

Medical history (or see attached GP referral/medical summary)

Medications

Concerns

Pre-procedure work up requested

Physician review on ward requested

Discharge planning required

Provider signature \_\_\_\_\_

**Please submit this referral with as much notice as possible (min 2 weeks).**

**Please be advised that there is a fee associated with this appointment. Medicare rebates can be applied.**

*Please ensure the patient has completed their hospital admission booking prior to their*

**Pre-Procedure Assessment Clinic** appointment. For more information, contact St Andrew's Sessional Suites on (07) 3831 6202.