



Queensland Government

Referral to Toowoomba Hospital Urology Service

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: M F I

Patient address (including postcode):

Home phone:

Mobile phone:

Medicare eligible? Yes No Medicare no: Private Health Insurance? Yes No

Compensable status: 3rd Party Ins. Personal injury Workcover (Q) DVA Other:

Interpreter required? Yes No Language:

Date of referral: / / **Duration of referral:** 3 months 12 months Indefinite

Patient Referral Options

UPDATED REFERRAL

Please select from the list below the specialist you wish to refer your patient to. The cost of this consultation may be bulk-billed to Medicare Australia; if so, there will be no out-of-pocket expense for the patient. To improve efficiency and reduce waiting times, this named referral may be shared with other specialists.

Referral Details

I have discussed the options for care with my patient and elect the following:

Toowoomba Hospital ▾

Dr J Gleeson Dr H Yap Dr J Hempenstall Dr D Desai

Reason for referral: (include or attach any relevant supporting information to assist appropriate triage).

Provisional diagnosis / presenting condition

Relevant clinical history / examination

Allergies

Relevant investigations (please attach copies)

Medications

Referring Clinician (complete all fields clearly)

Name:

Signature:

Practice address:

Provider number:

Ph:

Fax:

Email:

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