



**REFERRAL TO MATER
OUTPATIENT CLINICS**
(for patients aged 16 and over)

Unit Record No. _____

Surname _____

Given Names _____

Date of Birth _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

To ensure a timely appointment, complete all sections of this form. Incomplete forms will be returned for completion.

Parent / Guardian's full name: _____

Residential address: _____

Suburb: _____ State: _____ Postal code: _____

Home phone no.: _____ Mobile phone no.: _____

Interpreter required? Yes No Language: _____

Is the patient of Aboriginal or Torres Strait Islander origin? Yes, Aboriginal Yes, Torres Strait Islander No Unknown

Medicare eligible? Yes No Medicare no.: _____ Card reference no.: _____ Expiry date: _____

Private health insurance? Yes No

Compensable status? 3rd Party Personal injury Workcover Qld DVA Other, specify: _____

Reason for referral:

(Include or attach any relevant supporting information to assist appropriate triage)

Please check the referral guidelines for this speciality online at www.materonline.org.au

Provisional diagnosis/ Presenting condition/ What question/s are you asking of your specialist colleagues:

Relevant clinical history/ Examination:

Allergies:

Relevant investigations

Medications



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Referral details

Please select a **Head of Clinic** from the list below.

Referrals are shared with other specialists in the clinic to ensure patients are seen as quickly as possible.

Breast/ Endocrine Surgery Dr C Pyke	Gynaecology Dr M Beckmann	Ophthalmology Dr A Kwan
Cardiology Dr K Kostner	Gynae/ Oncology Dr L Perrin	Orthopaedic Dr J Radovanovic
Colorectal Surgery Dr C Chow	Haematology Dr R Banh	Palliative Care Dr J Hardy
Dermatology Dr J Muir	Infectious Diseases Dr P Griffin	Plastic Surgery Dr D Kennedy
Endocrine/ Diabetes Dr T O'Moore-Sullivan	Minor Skin Lesions Dr C Rogers	Respiratory Dr L Burr
ENT Dr C Que Hee	Maxillofacial Surgery Dr B Erzetic	Rheumatology Dr J O'Callaghan
Fracture Clinic Dr J Radovanovic	Metabolic Dr J Nisbet	Urology Dr R Watson
Gastroenterology Dr M Mortimore	Nephrology Dr M Burke	Vascular Surgery Dr J Bingley
General Medical Dr N Fagermo	Neurology Dr D Schweitzer	Other services Mater Refugee Complex Care
General Surgical Dr C Pyke	Oncology Dr C Shannon	If Clinic continuation referral Other Dr

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Continuation referral: **Yes** **No**

Duration of referral:

3 months (standard referral from a specialist)

Date of referral:

12 months (standard referral from a GP)

Indefinite (chronic conditions only)

FAX COMPLETED FORM TO MATER: (07) 3163 8548

Referring clinician to complete all fields clearly

Date of referral: _____ Provider number: _____
Referring clinician name: _____
Practice address: _____
Phone number: _____ E-mail: _____
Fax number: _____ Referring clinician signature: _____