



Children's Health Queensland  
Hospital and Health Service

(LCCH USE ONLY – affix patient identification label here)

## Specialist Referral

Medical Objects ID RQ402900084

### FAX REFERRAL TO 1300 407 281

PATIENT DETAILS [ Referral of new patients are accepted before their 16th birthday ]

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Sex:  M  F  I Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medicare eligible:  No  Yes ▶ Card number: \_\_\_\_\_

Card reference: \_\_\_\_\_ Expiry: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Ph (H): \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian/Agency name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Parent/Guardian/Agency contact details: \_\_\_\_\_

Interpreter required?  No  Yes ▶ preferred language: \_\_\_\_\_

Is child in out of home care?  Yes ▶ Child Safety Service Centre: \_\_\_\_\_  
 No

Length of referral and designation

SMO/VMO/Specialist (3 months)  Registrar/Resident (12 months) GPs ▶  Indefinite  12 months  
 Telehealth referral

Is the referral urgent?  Yes  No

If **yes**, please explain why: \_\_\_\_\_

All children with **emergent** medical problems requiring immediate attention should be referred to a hospital Emergency Department for assessment. If you require assistance with this please contact the Children's Advice Transport Communication Hub (CATCH) on 3068 4525.

Refer to a Speciality by selecting 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.

<b>Burns</b> Prof Roy Kimble [ Fax: 3068 4329 ]	<b>ENT/Otolaryngology</b> Dr Robert Black	<b>Metabolic Medicine</b> Dr Jim McGill	<b>Paediatric &amp; Adolescent Gynaecology</b> Prof Rebecca Kimble
<b>Cardiac Surgery</b> Dr Nelson Alphonso [ Fax: 3068 4329 ]	<b>Fracture Clinic</b> Dr David Bade [ Fax: 3068 4329 ]	<b>Nephrology</b> Dr Peter Trnka	<b>Pain Clinic</b> Dr Mark Alcock
<b>Cardiology</b> Dr Robert Justo [ Fax: 3068 4329 ]	<b>Gastroenterology &amp; Hepatology</b> Dr Tony Catto-Smith	<b>Neurology</b> Dr Geoff Wallace	<b>Palliative Care</b> Dr Anthony Herbert
<b>Child Development</b> Dr Honey Heussler	<b>Gender Clinic</b> Dr Brian Ross	<b>Neurosurgery</b> Dr Raymond Chaseling [ Fax: 3068 4329 ]	<b>Plastic &amp; Reconstructive Surgery</b> Dr Stuart Bade
<b>Child Protection &amp; Forensic Medical Services</b> Dr Jan Connors	<b>General Paediatrics</b> Dr David Levitt	<b>Oncology</b> Dr Wayne Nicholls <i>For all Oncology referrals phone LCCH on 3068 1111 – request to speak with the Oncologist on call</i>	<b>Rehabilitation/ Cerebral Palsy Health</b> Dr Priya Edwards
<b>Children's Oral Health Service</b> Dr Bruce Newman	<b>Genetics</b> Dr Julie McGaughan	<b>Ophthalmology</b> Prof Glen Gole	<b>Respiratory/Sleep Medicine</b> Prof Alan Isles
<b>Cleft &amp; Cranio-facial</b> Dr Stuart Bade	<b>Haematology</b> Dr Simon Brown [ Fax: 3068 4329 ]	<b>Oral &amp; Maxillofacial Surgery</b> Dr Ben Erzetic	<b>Rheumatology</b> Dr Ben Whitehead
<b>Dermatology</b> Dr Terry Casey	<b>Immunology &amp; Allergy</b> Dr Jane Peake	<b>Orthopaedic Surgery</b> Dr David Bade	<b>Sleep Clinic</b> Dr David Kilner
<b>Endocrinology/Diabetes</b> Dr Jerry Wales	<b>Infectious Diseases &amp; Immunisation Specialist Service</b> Dr Julia Clark	<b>Paediatric Surgery &amp; Urology</b> Prof Roy Kimble	<b>Vascular Malformations</b> Prof Roy Kimble Dr Stuart Bade

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Medical Objects ID **RQ402900084**

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Patient name:

Date of birth:

### REASON FOR REFERRAL

Past medical history:

Current medications:

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Patient name:

Date of birth:

Allergies:

Immunisation status:

Social history and/or psychosocial risk factor/s:

Relevant family history:

What additional documents have been faxed or sent?

**RELEVANT INVESTIGATIONS ▶ PLEASE ATTACH COPIES**

**REFERRING DOCTOR** [ Please complete all sections legibly – incomplete referrals will be returned ]

DR surname	DR given name	Provider #
Hospital or practice name	Unit or practice address	Department or practice suburb
Phone	Fax	Pager

Is anyone else involved in the care of this patient?	Signature:	Date:
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