



RANDWICK SPECIALISTS REFERRAL FORM

Fax referrals to: (02) 9326 6296 Web:Email Referrals: info@randwickspecialists.com.au

www.randwickspecialists.com.au

Telephone: (02) 9326 6826

Location: 103 Botany Street, RANDWICK, NSW 2031

Please refer to our website for full list of specialist services

Paediatric Services

Specialists: Allergy, Behavioural and Developmental paediatrics, Circumcision, Endocrinology
Gastroenterology, Genetics, General Paediatrics, Neurology, Neonatology
Paediatric Urology, Paediatric surgery, Respiratory and Sleep Medicine

Allied Health: Dietician, OT, Physiotherapist, Psychologist, Speech Pathologist, Speech Therapist

Adult Specialist: Endocrinologist

Patient Details

Patient surname		Given name	
Date of birth		Hosp.number <i>(if known to hospital)</i>	
Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other:
Address		Postcode	
Parent/Carer surname		Given name	
Mobile number		Landline number	
Medicare number		<input type="radio"/> Not eligible for Medicare	
Indigenous status	<input type="radio"/> Aboriginal	<input type="radio"/> Torres Strait Islander	<input type="radio"/> Not Indigenous
Interpreter required	<input type="radio"/> Yes	<input type="radio"/> No	Language:

Clinical details

Speciality <i>(if known)</i>	OR
To Doctor <i>(required for MBS clinics)</i>	OR
Reason for referral: <i>include your clinical findings, management to date, investigation results, relevant medical and social history and special needs. Include allergies and current medications. Or attach your software generated referral summary</i>	

Referring doctor details

Given name	Surname	Referral duration <input type="radio"/> 3 months <input type="radio"/> 12 months <input type="radio"/> Indefinite <input type="radio"/> Other (please specify) _____
Provider number		
Practice name		
Practice address		
Telephone number	Fax number	
Doctor's signature	Date: / /	