RANDWICK SPECIALISTS REFERRAL FORM

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

Web: www.randwickspecialists.com.au Telephone: (02) 9326 6826

Location: 103 Botany Street, RANDWICK, NSW 2031

Paediatric Services

Specialists: Behavioural and Developmental Paediatrics, Endocrinology, Gastroenterology, General Paediatrics, Neonatology, Psychiatry, Respiratory and Sleep Medicine.

Allied Health: Dietician, OT, Physiotherapist, Paediatric Feeding Specialist.

Please refer to our website www.randwickspecialists.com.au **for full list of specialist services.**

Patient Details:

Patient surname		**Given name**	
Date of birth		**Hospital number** *(If known to hospital)*	
Gender	◯ **Male** ◯ **Female**	◯ **Other:**	
Address			**Postcode**
Parent/Carer surname		**Given name**	
Mobile number		**Landline number**	
Medicare number		◯ **Not eligible for Medicare**	
Indigenous status	◯ **Aboriginal**	◯ **Torres Strait Islander**	◯ **Not Indigenous**
Interpreter required	◯ **Yes** ◯ **No**	**Language:**	

Clinical details:

Speciality *(if known)*	**OR**
To Doctor *(required for MBS clinics)*	**OR**
Reason for referral: *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*	

Referring doctor details:

Given name	**Surname**	**Referral duration**
Provider number		◯ 3 months
Practice name		◯ 12 months
Practice address		◯ Indefinite
Telephone number	**Fax number**	◯ Other (please specify) ____
Doctor's signature	**Date: / /202**	