

GP Referral Form

Date: Health Fund Details:

Name of Patient:

Date of Birth:

Name of Referring GP:

Address of Practice:

Phone Number: Email Address:

Top of Form

1 Type of Referral:

Inpatient Admission - Fax 9889 8696



291 Assessment – Fax 9834 3666



Consultancy and ongoing care – Fax 9834 3666



Bottom of Form

2 Diagnosis

Please complete[[1]](#endnote-1)

3 Current Presentation

Please complete

4 Drug & Alcohol History

Please complete

5 Past History

Please complete

6 Forensic History

Please complete

7 Current Medications

Please complete

8 Medical conditions

Please complete

9 WorkCover/TAC applicable

Please complete

1. Office use: if patient is admitted, fill out intake form [↑](#endnote-ref-1)