DELMONT
PRIVATE HOSPITAL

Warrigal Road,
Glen Iris Vic. 3146
(03) 9805 7333
www.delmonthospital.com.au

GP/PSYCHIATRIST REFERRAL FOR HOSPITAL ADMISSION

Patient Name:	
Address:	
Telephone:	Date of Birth:
Private Health Fund:	Membership Number:

Reason for Referral to Hospital:

☐ Mental Health Diagnosis

☐ Substance Use & Abuse

(DPH does not admit patients directly to the SUAP Program. An assessment is required by a Delmont Addiction Medicine Specialist prior to admittance)

Please provide a covering letter regarding the patient's illness and previous medical history

In the last 14 days, has the patient been admitted to:

- ☐ Delmont Private Hospital
- ☐ Other Hospital – specify:
- ☐ Not admitted to any hospital

Referring GP/Psychiatrist Name:	
Provider Number:	
Practice Address:	
Practice Telephone:	Mobile:
Fax Number:	Email Address:
Dr Signature:	Date:

PLEASE EMAIL FORM TO: *intakecoordinator@delmonthospital.com.au*

For enquires contact the Intake Coordinator: Telephone: 9805 7304/Fax: **9889 8696**