DELMONT
PRIVATE HOSPITAL

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

GP/PSYCHIATRIST REFERRAL FOR HOSPITAL ADMISSION

The hospital does not take responsibility for patients until such time as they are admitted. If this is an emergency advise patient to attend the nearest emergency department.

Patient Name:	
Address:	
Pt Telephone:	Date of Birth:
Private Health Fund:	Membership Number:
Workcover/TAC Details: *(if applicable)*	
Reason for Referral to Hospital: ☐ Mental Health Diagnosis ☐ Alcohol & Substance Use & Addiction (*DPH does not admit patients directly to the Alcohol & Substance Use & Addiction Program. An assessment is required by a Delmont Addiction Medicine Specialist prior to admission)*	
Current Presentation:	
Brief History (medical, forensic & psychiatric, include substance use):	
Current Medications:	
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:
EMAIL FORM: intakecoordinator@delmonthospital.com.au	**FAX FORM: 9889 8696**
For enquires contact the Intake Coordinator – ph 9805 3390	