

## REFERRAL LETTER - MEDICAL

Referring Practitioner: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

### Patient Details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### Referee Details:

Specialist/Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

### Reason for Referral:

The patient requires specialist assessment and/or treatment for the medical condition detailed below. Please assess and manage according to clinical judgement and best practice guidelines. Attached are relevant clinical notes, test results, and other pertinent documentation.

### Clinical History and Findings:

Provide detailed clinical history, examination findings, and any investigations performed to date. Include relevant past medical and surgical history, current medications, allergies, and other pertinent information.

### Requested Services:

Please specify the services requested such as diagnostic testing, treatment procedures, surgical consultation, rehabilitation, or ongoing management.

### Additional Information:

Include any other information that may assist the referee in managing the patient effectively. This may include psychosocial considerations, patient preferences, or follow-up arrangements.

### Referring Practitioner Declaration:

I certify that I am the referring practitioner for the patient named above, and that this referral is made in accordance with Australian law and professional standards. I confirm that the information contained herein is accurate to the best of

my knowledge.

**Referring Practitioner Signature**

**Referee Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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