Patient Referral Form

The Sutherland Hospital Outpatient Department
Cnr of Kingsway and Kareena Rd,
Caringbah NSW 2229

Phone: **9540 7067**
Fax: **9540 8067**
Email: **SESLHD-TSH-Outpatients@health.nsw.gov.au**

Referral to Dr *(one named clinician)*

Outpatient Clinic use only

Referral received:

Referrer notified of receipt:

Clinic/Doctors

Respiratory and Sleep
Dr Clarissa Susanto
Dr Adelle Jee
Dr Chin Goh
Dr Vicki Chang
Dr Con Archis

Neurology
Dr Ik Lin Tan
Dr Daniel Guilfoyle
Dr Benjamin Nham
Dr Rajiv Wijesinghe
Dr Sully Fuentes-Patarroyo
Dr Derrick Soh

Paediatrics
PH- 9540 7384
Dr Alys Swindlehurst
Dr Henry Gilbert
Dr James Tong
Dr Elizabeth Berger

Gynaecology
PH-9540 7240
Dr Amani Harris
Dr Dean Conrad
Dr John Breen
Dr Chandra Krishnan

Palliative Care
PH-9540 8453
Dr Camilla Chan – Palliative and Supportive Care MDT
Dr Jessica Jones – Cardiac Supportive Care and Palliative Care Clinic
Dr Johnathon Man-Respiratory Supportive Care

Infectious Diseases:
Dr Ben Kippenberg
Dr Roselle Robosa

Rehabilitation
Dr Lucy Ramon
Dr Eunice Lin

Endocrinology
Dr Malgorzata Brzozowska
Dr Michael Bennett
Dr Ganesh Chockalingam
Dr Matthew Luttrell

Dermatology
Dr John Sullivan

Patient Details

Patient Name:	
Title	
DOB	
Address	
Sex/Gender	☐ Male ☐ Female ☐ X (indeterminate/intersex/unspecified)
Phone	
Email	
Compensable Status	☐ DVA ☐ WorkCover ☐ Motor Vehicle Third Party Insurance ☐ Other
Identifies as Aboriginal or Torres Strait Islander origin	☐ YES ☐ NO
Interpreter required Language	☐ YES ☐ NO .....
Medicare Number	

Clinical Details

Reason for Referral *(including presenting symptoms – onset, duration and severity, if appropriate – and physical findings)*	
Any previous treatment or investigations for referral condition	
Any previous surgery	
Any other co-existing conditions	
Any current medication (including any allergies)	

Referrer Details

Name	☐ GP ☐ Other
Provider Number	
Phone	
Email	
Fax	
Signature	
Date	

Other details if required