

## **Outpatient Department: St George Hospital**

**Ground FI, Prince William Wing** Telephone: 9113 2513 Fax: 9113 2297 Email: SESLHD-STG-OPD@health.nsw.gov.au

### Clinician Receiving Referral (clinic details available on page 2)

#### **CLINIC NAME:**

CLINICIAN NAME (if preferred): OR

FIRST AVAILABLE

| Patient Details & Communications                                  |                   |             |                 |                       |  |  |  |
|---|-------------------|-------------|-----------------|-----------------------|--|--|--|
| PATIENT SURNAME:  |                   | FIRST NAME: |                 | MIDDLE:               |  |  |  |
| TITLE:  | DOB:              |             |                 | GENDER:               |  |  |  |
| ADDRESS:  | HOME PHO          |             | HOME PHON       | IE No:                |  |  |  |
|   | MOBILE PH         |             |                 |                       |  |  |  |
| EMAIL:  |                   |             |                 | INTERPRETER REQUIRED: |  |  |  |
| COMMUNICATION PREFERENCE:   |                   |             |                 | LANGUAGE / DIALECT:   |  |  |  |
| IDENTIFIES AS ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN:         |                   |             |                 |                       |  |  |  |
| Non-Medicare WorkCove   | orkCover MEDICARE |             | MEDICARE N      | 0.                    |  |  |  |
| CARER/NEXT OF KIN DETAILS:  |                   |             |                 |                       |  |  |  |
|   |                   |             |                 |                       |  |  |  |
| (Name)  | (Telephone)       |             | (Email details) |                       |  |  |  |
| SPECIALS NEEDS / REASONABLE ADJUSTMENTS FOR DISABILITY: (specify) |                   |             |                 |                       |  |  |  |

# Patient Healthcare Details

| NAME OF GP: (If not referrer)   | GP PROVIDER NO: (If not referrer) |  |  |  |
|---|-----------------------------------|--|--|--|
| CLINICAL INFORMATION / REASON FOR REFERRAL: Please attach relevant investigations and clinical history to prevent<br>any triage delays. Please also include any patient risk factors. |                                   |  |  |  |

Today's Visit Notes:

**Current Medications:** 

Past Medical History:

#### Investigation Results:

| Referring Clinician Details |              |            |  |  |  |
|-----------------------------|--------------|------------|--|--|--|
| REQUESTING DR:              | PROVIDER NO. | DATE:      |  |  |  |
|                             |              |            |  |  |  |
| ADDRESS:                    |              |            |  |  |  |
| TELEPHONE:                  | FAX:         | SIGNATURE: |  |  |  |

Please be aware that some clinics have extensive waiting lists.

This form can also be downloaded from the HealthPathways Website (https://sesydney.communityhealthpathways.org) under 'Forms and Templates'

| Outpatient Department Clinic & Clinician Details   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Geriatric Clinic<br>Dr Sarah Baldwin<br>Dr Yun Xu<br>Dr Chuang<br>Dr Tony Youssef<br>Dr Litsa Morfis<br>Dr Madeleine Wilkinson<br>Dr Grant Pickard | NeurologyClinic<br>Dr Louise Allport<br>Prof Mark Hersch<br>Dr Jane Prosser<br>Dr Elizabeth Shiner<br>Dr Mahtab Ghadiri<br>Dr Justine Wang<br>Dr Monica Badve<br>Dr Walid Matar | Haematology Clinic<br>Dr Beng Chong<br>Dr Sylvia Zheng<br>Dr Qin Liu<br>Dr Amanda Hugman | Diabetic / Endocrine Clinic<br>Dr Terry Diamond<br>Dr Michael Reyes<br>Dr Peter Rohl<br>Dr Anthony O'Sullivan<br>Prof Peter Smerdely |  |  |  |  |
| Drug & Alcohol Clinic<br>Dr Peter Gottlieb   | Rheumatology Clinic<br>Dr Bill Giannakopoulos   | Wound Clinic<br>Wound CNC  | <u>Immunology</u><br>Prof Steven Krilis  |  |  |  |  |
| <u>Movement Disorder Clinic</u><br>Dr Stephen Duma   | <u>Colorectal Clinic</u><br>Prof David Lubowski   | <u>Gastroenterology</u><br>Dr Gokulan Pavendranathan                                     | <u>Swallow</u><br>Dr Peter Wu  |  |  |  |  |
| DermatologyClinic<br>Prof Dedee Murrell Dr<br>Dr Alexis Lara Rivero  | Infectious Disease Clinic<br>Dr Chris Weatherall<br>Dr Pamela Konecny<br>Dr Richard Sullivan<br>Dr Katy Lai   | <u>Vascular Clinic</u><br>Dr Eric Farmer<br>Dr Jim Iliopoulos<br>Dr Lubomyr Lemech       | <b>IBD</b><br>Prof Michael Grimm<br>Dr Gokulan Pavendranathan<br>Dr William Bye  |  |  |  |  |
| NOTE: Please request the next available clinician if no clinician is preferred. Kindly specify this in the   |   |  |  |  |  |  |  |
| clinician name section.  |   |  |  |  |  |  |  |