



## Prince of Wales Hospital Referral to Dermatology Outpatient Clinics

All fields outlined in red are **mandatory**. Referrals will not be accepted if these fields are incomplete.

Please review the ["Information for Health Professionals - Dermatology"](#) webpage on the POWH website for a list of services provided.

Consultant - please specify ONE practitioner for private (bulk-billed) referrals:  Dr	Clinic referred to: The Brien Walder Department of Dermatology, Prince of Wales Hospital.
Date of referral:	Period of referral validity:

### PATIENT DETAILS

Surname:	
Given Name(s):	
Gender:	
Date of Birth:	Email:
Address:	
Home Phone No.:	Mobile No.:
Medicare No.:	Medicare Reference No.:
Insurance Fund:	Insurance Member No.:

### NEXT OF KIN/CARER'S DETAILS

Full Name:	
Home Phone No.:	Mobile No.:
Address:	

### ADDITIONAL INFORMATION

Does the patient require the assistance of an interpreter?	Yes	No
If yes to the above, what language is required?		

**Please complete the referral form and fax the form to (02) 9382 0422.**

If your patient needs to be seen urgently please call the Prince of Wales Hospital switchboard on (02) 9382 2222 to speak with the speciality Registrar.



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### REFERRAL INFORMATION

Reason for Referral:
Diagnosis or Suspected Diagnosis:
Clinical Urgency:
Lesions of concern (description and location):
Medical History:
Allergies/Adverse Reactions:
Current Medication List (regular and PRN):
Findings from Recent Investigations (please attach results if applicable):
Current Management Plan:

### REFERRAL SOURCE

Referring Doctor's Name:	
Practice Name and Address:	
Phone No.:	Fax No.:
Signature:	Provider No.:

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