



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 <u>"Information for Health Professionals - Dermatology</u>" 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 va	alidity:

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

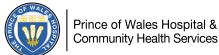
Full Name:	
Home Phone No.:	Mobile No.:
Address:	

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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