



## Prince of Wales Hospital Referral to Rheumatology 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 - Rheumatology"](#) webpage on the POWH website for a list of services provided. Please provide a valid referral (indefinite preferred, otherwise standard annual) made out to one Consultant (for private referrals): Dr James Bertouch, A/Prof Arvin Damodaran, Dr Amel Katrib, Dr Anthony Sammel (Vasculitis Clinic).

Consultant - please specify ONE practitioner for private (bulk-billed) referrals:  Dr	Clinic referred to: Rheumatology Outpatients Clinic, 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.



## Prince of Wales Hospital Referral to Rheumatology Outpatient Departments

### REFERRAL INFORMATION

Reason for Referral:
Diagnosis or Suspected Diagnosis: <small>Include any diagnosis or correspondence from previous care providers</small>
Clinical Urgency:
Affected Area of Body or Location of Injury (if applicable):
Medical History:
Allergies/Adverse Reactions:
Current Medication List (regular and PRN):
Findings from Investigations: <small>Please attach Radiology reports and blood results, including FBC, UEC, LFT, ESR, CRP. If relevant to referral reason, include urate, CK, TFT, BSL, CMP, Vit D, ANA/ENA/DNA/Rf/CCP/ANCA. Your patient should bring films or discs to their initial appointment.</small>
Current Management Plan: <small>Including physical therapy, medications etc.</small>

### REFERRAL SOURCE

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

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