



Clinician referring to:

Dr Richard Sullivan *Infectious Disease Physician*

Professor Steven Krilis *Infectious Disease / Immunology Physician*

Patient Details and Communications

PATIENT SURNAME:		FIRST NAME:	
TITLE:	DOB:	GENDER:	
ADDRESS:		HOME CONTACT:	
		MOBILE CONTACT:	
EMAIL:			INTERPRETER REQUIRED:
COMMUNICATION PREFERENCE: Email SMS Phone			LANGUAGE / DIALECT:
IDENTIFIES AS ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN:			
Non-Medicare	Workcover	DVA	Medicare
			MEDICARE NO.
IF THE PATIENT HAS A CARER:			
(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, current medications, antibiotic allergy history and clinical history to prevent any triage delays. Please also include any patient risk factors.	

Referring Clinician Details

REFERRING DR:	PROVIDER NO.	DATE:
ADDRESS:		
TELEPHONE:	FAX:	SIGNATURE: