Health
South Eastern Sydney
Local Health District

St George Hospital
WARATAH OUTPATIENT CLINICS
2 South Street, Kogarah NSW 2217
Phone: 9113 2957 Fax: 9113 2953

WARATAH OUTPATIENT CLINIC SERVICES – REFERRAL FORM

☐ Professor Steve Krilis	☐ Dr Pam Konecny	☐ Dr Chris Weatherall

[Please tick nominated doctor]

PATIENT DETAILS:

First name: ___________________________ **Surname:** _______________________________________

Date of birth: __________________________ **MRN:** ________________________________

Address: ____

Phone Number: (H) ________________________**(W)** ___________________ (**M)** ___________________

Interpreter required: **Y / N** **Language:** __________________________________

Medicare No: ☐☐☐☐ ☐☐☐☐☐ ☐ - ☐ **Expiry Date:** ____/____

Please include patient's reference number as the eleventh number of the Medicare card.

Reason for referral: ____

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Referral length tick one of the following: ☐ 12 Months * ☐ Indefinite

REFERRING DOCTOR'S SIGNATURE: _______________________ **DATE:** ___________________

Requesting Dr	
Provider No.	
Telephone	
Address	

Please complete this section in full or with practice stamp

Practice Stamp