Patient Referral Form

The Sutherland Hospital Outpatient Department
Cnr of Kingsway and Kareena Rd,
Caringbah NSW 2229

Phone: **9540 7067**
Fax: **9540 8067**
Email: **SESLHD-TSH-Outpatients@health.nsw.gov.au**

Referral to Dr *(one named clinician)*

Outpatient Clinic use only

Referral received:

Referrer notified of receipt:

Clinic/Doctors

Respiratory and Sleep
Dr Clarissa Susanto
Dr Teresa Louie
Dr Chin Goh
Dr Vicki Chang
Dr Con Archis
Dr Andrew Ng
Dr Greg Katsoulotos

Endocrinology
Dr Malgorzata Brzozowska
Dr Michael Bennett
Dr Ganesh Chockalingam
Dr Mary Freeman
Dr Michael Reyes

Neurology
Dr Ik Lin Tan
Dr Manisha Narasimhan
Dr Benjamin Nham
Dr Rajiv Wijesinghe
Dr Sully Fuentes-Patarroyo

Gynaecology PH-9540 7240
Dr Amani Harris
Dr Dean Conrad
Dr John Breen
Dr Chandra Krishnan

Infectious Diseases:
Dr Donald Packham
Dr Robert Stevens
Dr Alice Kizny- Gordon

Rehabilitation
Dr Lucy Ramon
Dr Eunice Lin

Paediatrics PH- 9540 7384
FAX- 9540 8485
Dr Alys Swindlehurst
Dr Henry Gilbert
Dr James Tong
Dr Elizabeth Berger

Supportive Care
Dr Johnathan Man

Patient Details

Patient Name:	
Title	
DOB	
Address	
Sex/Gender	☐ Male ☐ Female ☐ X (indeterminate/intersex/unspecified)
Phone	
Email	
Compensable Status	☐ DVA ☐ WorkCover ☐ Motor Vehicle Third Party Insurance ☐ Other
Identifies as Aboriginal or Torres Strait Islander origin	☐ YES ☐ NO
Interpreter required Language	☐ YES ☐ NO ....
Medicare Number	

Clinical Details

Reason for Referral *(including presenting symptoms – onset, duration and severity, if appropriate – and physical findings)*	
Any previous treatment or investigations for referral condition	
Any previous surgery	
Any other co-existing conditions	
Any current medication (including any allergies)	

Referrer Details

Name		☐ GP ☐ Other
Provider Number		
Phone		
Email		
Fax		
Signature		
Date		

Other details if required