

**ATTENTION PATIENT
SAFETY MANAGER**

**GP REFERRAL FOR ADMISSION UNDER THE GENERAL
MEDICAL UNIT OF THE DAY FOR A BLOOD TRANSFUSION**

Please complete all sections and fax to 9784 7278

Name of referring doctor: _____

Address for communication: _____

Phone: _____ Fax: _____

Patient details

Name: _____ Date of birth ___/___/___

Address: _____

Phone numbers home: _____ mobile _____

Reason for requested blood transfusion:

Relevant past history:

Has a referral to a specialist been made: yes no

Specialist Details:

Name: _____

Address: _____

Allergies: _____

Current Medications: _____

Relative urgency for Blood Transfusion:

Tick recommended time

Within 48 hours

within 72 hours

within 1 week

Please attach all recent pathology results

PSM Notes

Admission date ___/___/___

Patient informed

Ward _____

Ward Informed

Peri operative doctor notified cruiser phone 8227