

Peninsula Health

REFERRAL TO GESTATIONAL DIABETES CLINIC

UR NUMBER D.O.B

Surname..... Given Name

Address

Suburb Phone Gender

Please fill in if no Patient Label available

App.24/7/2020 Print Code:14523

To: Dr Debra Renouf - P/N 2418297Y

Patient's second contact / mobile number:

Is the patient within one of the following compensable categories?

Workcover T.A.C. D.V.A. Overseas visitor (ineligible for Medicare)

Referrer Details:

Name of Referring Dr (print): Date of Referral:/...../.....

Signature: Phone No:

Provider Number (mandatory):

Referrals without a valid Medicare provider number from the referring doctor cannot be processed

Reason for Referral:

.....
.....
.....
.....

Gravida: Para: EDD: Weeks Gest: BMI:

Result of OGTT at: 0 hours 1 hour 2 hours

Investigations already performed: Pathology Radiology Other

Please fax completed referral and any relevant investigation reports to Outpatients Area 1: 9788 1879

OUTPATIENT OFFICE USE ONLY

Received on:/...../..... Triaged by:

Clinic required: Date:/...../.....

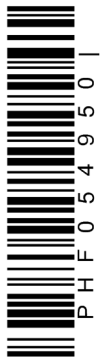
Clinic appointment booked: Date:/...../..... Time::.....

Patient notified by: In Person Phone Mail

Notified & Processed by:

Comments:

.....
.....



24/7/2020 Print Code:14523 Ref. Link

REFERRAL TO GESTATIONAL DIABETES CLINIC

MR/054950