

**REFERRAL TO
DUPUYTREN
OUTPATIENT CLINIC**

UR NUMBER D.O.B
Surname..... Given Name
Address
Post Code Phone Gender
Please fill in if no Patient Label available

App.12/12/18 Print Code:17613

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) Private Health Insurance

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

Clinical Information

Date of Diagnosis:/...../..... Fingers Involved:

Degree of Contracture: Nil Mild Moderate Severe

Skin Hygiene Concerns: Yes No Is the Disease? Primary Recurrent

Appointment Requested for:

- Routine Early (reason)

Was the patient discussed with Plastics Registrar/Consultant? Yes No

Name:

Investigations already performed: Radiology Other (specify)

Previous Procedures Already Performed: Nil Surgery Radiotherapy Needle Fasciotomy Collagenase

HOW TO ARRANGE THE APPOINTMENT

Step 1: GP / Surgeon - fax this referral with any available investigations to Fax: 9788 1879

Step 2: Give a copy of this form to the patient

Step 3: Original Referral to be sent to DMR for scanning

OUTPATIENT OFFICE USE ONLY

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

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

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

Patient notified by: Phone Mail

Notified & Processed by:

Comments:

PATIENT INSTRUCTIONS

Please Ring 9784 2600

• 7 days from the date of referral if you have not been contacted with your appointment details

• Make a note of your appointment details here.

Day:

Date:/...../.....

Time::.....

