

University Hospital Geelong Neurosciences Department Referral Form



University Hospital
Geelong
Bellarine Street
Geelong, Vic 3220

PO Box 281
Geelong, Vic 3220

T 03 4215 0000

Fax : 03 4215 0757 or Email: neuroscience@barwonhealth.org.au
The referral will be triaged and patient will be contacted by the department in due course.
Incomplete referrals will be rejected and returned via post.
If your referral is URGENT you must contact the Neurologist on-call on: 03 4215 0000

Referral date: ____/____/____

Patient /consumer details

Name:		Preferred name:	
Address:			
Phone (mobile):		Landline:	
Email:			
Alternative contact name & phone:			
Language:		Interpreter Yes / No	Indigenous status:
Medicare No.		Ref:	Pension/Healthcare Card:
DVA:		Health Insurance:	
Overseas visitor <input type="checkbox"/>		Country:	
TAC:		Work Cover:	

Referring Practitioner

Name: _____ Provider number: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____
 Usual GP: As above or: _____

Reason for patient referral – neurological symptoms

Attached Investigations and Past History (List)

Additional Information

Alerts: _____

Allergen	Reaction	Management

Current medication

Medication name	Strength	Dose/frequency/special

Social History (including Support and carers)

Referral Acknowledgment and Communication

- Acknowledgment of this referral will be via letter to the referring clinician and named patient
- Please list any other clinician, *with contact details*, who requires clinic letters
