Government of South Australia
SA Health

M60

Reset Form | Print

CALHN

OPD Clinic Referral | Service Request

Referral Information: Include sufficient information to enable prioritisation of referral such as significant medical /social history and medications. Indicate suggested 'urgency'. All referrals are triaged by the specialty requested and allocated a triage category that may differ from suggested urgency.

Suggested Urgency:

☐Urgent (within ____ days/weeks)
☐Next available

Referral From ED:

☐Discussion with Clinical Service team
Name of clinician contacted_____

(Patient sticker)

URN: _____
Surname: _____
Other Names: _____
Date of Birth: _____/_____/_____
Sex: M ☐ F ☐

Referring Doctor **Date of Referral:**____/_____/___
M.O. Name (print):_____
M.O signature:_____
Provider Number:_____
Pager No or SD:_____
Referring Unit: _____

Allergy/s

OPD Specialist Consultant Requested:_____
Referral for Consultation: OPD Clinical Service Requested_____

Reason for Referral:(Attach a discharge summary from ward / or letter)

Relevant History:

Current medications:

Request for investigation or procedure:
(please print service requested)

☐ Interpreter required (language) _____

Scans / investigations already performed: Y/N

Details:

GP Details:

For EPAS Registration please document Medicare details, telephone/mobile number, and address
Please send / FAX completed forms to the OPD

Number of Pages faxed: _____

N. B. This Form is NOT to be used to request a REVIEW appointment for the same service. For Review appointments within same service use the NC16.0

OPD CLINIC REFERRAL – SERVICE REQUEST M 60