

Patient Referral Form

The Sutherland Hospital Outpatient Department
 Cnr of Kingsway and Kareena Rd,
 Caringbah NSW 2229

Phone: **9540 7067**
 Fax: **9540 8067**
 Email: **SESLHD-TSH-Outpatients@health.nsw.gov.au**

Referral to Dr *(one named clinician)*

Outpatient Clinic use only

Referral received:

Referrer notified of receipt:

Clinic/Doctors

Respiratory and Sleep

Dr Clarissa Susanto
 Dr Teresa Louie
 Dr Chin Goh
 Dr Vicki Chang
 Dr Con Archis
 Dr Andrew Ng
 Dr Greg Katsoulotos

Endocrinology

Dr Malgorzata Brzozowska
 Dr Michael Bennett
 Dr Ganesh Chockalingam
 Dr Mary Freeman
 Dr Michael Reyes

Neurology

Dr Ik Lin Tan
 Dr Manisha Narasimhan
 Dr Benjamin Nham
 Dr Rajic Wijesinghe
 Dr Sully Fuentes-Patarroyo

Gynaecology

Dr Amani Harris
 Dr Dean Conrad
 Dr John Breen
 Dr Chandra Krishnan

Infectious Diseases:

Dr Donald Packham
 Dr Michael Stevens

Rehabilitation

Dr Lucy Ramon
 Dr Eunice Lin

Paediatrics

Dr Alys Swindlehurst
 Dr Henry Gilbert
 Dr James Tong
 Dr Elizabeth Berger

Patient Details

Patient Name:	
Title	
DOB	
Address	
Sex/Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified)
Phone	
Email	
Compensable Status	<input type="checkbox"/> DVA <input type="checkbox"/> WorkCover <input type="checkbox"/> Motor Vehicle Third Party Insurance <input type="checkbox"/> Other
Identifies as Aboriginal or Torres Strait Islander origin	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interpreter required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Language
Medicare Number	

Clinical Details

Reason for Referral <i>(including presenting symptoms – onset, duration and severity, if appropriate – and physical findings)</i>	
Any previous treatment or investigations for referral condition	
Any previous surgery	
Any other co-existing conditions	
Any current medication (including any allergies)	

Referrer Details

Name		<input type="checkbox"/> GP <input type="checkbox"/> Other
Provider Number		
Phone		
Email		
Fax		
Signature		
Date		

Other details if required

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