Austin HEALTH

Victorian MR Linac Referral Form

REFERRED TO:

Dr Ee Siang Choong (Urology, Lower GI, Lung, Breast, Haematology, Soft Tissue)

Dr Sweet Ping Ng (CNS, Head and Neck, Skin, Upper GI, Hepatobiliary, Gynaecology)

PATIENT DETAILS

Name: Date of Birth: Male Female Non Binary

Address:

Home Ph: Mobile Ph:

Email: Austin UR:

Medicare No: Veteran Affairs: Yes No DVA No:

Is the patient Aboriginal or Torres Strait Islander descent?

Yes, Aboriginal Yes, Torres Straight Islander Yes, both No

Does the patient require ambulance/transport to attend appointments? Yes No

Does the patient require an interpreter? Yes No Language if applicable:

DIAGNOSIS:

Reason for referral/clinical notes:

PATIENT DISCUSSED AT PREVIOUS MDM:	Yes	No	Details:
PACEMAKER/DEFIBRILLATOR:	Yes	No	Details:
IMPLANTED ELECTRONIC DEVICE/PROSTHESIS:	Yes	No	Details:
ALLERGIES/ADVERSE REACTIONS:	Yes	No	Details:
CLAUSTROPHOBIA:	Yes	No	Details:
PREGNANCY:	Yes	No	Details:

CURRENT MEDICATIONS:	PAST MEDICAL/SURGICAL HISTORY:	RELEVANT INVESTIGATION RESULTS:
Attached: Yes No	Attached: Yes No	Attached: Yes No

REFERRING DOCTOR DETAILS:

Name: Practice name:

Provider number: Practice address:

Phone:

Fax:

Email: Referrer attending statewide MDM: Yes No

Signature Date of referral:

Please email this form to: radoncreferrals@austin.org.au