mater health

REFERRAL TO MATER OUTPATIENT CLINICS
(for patients aged 16 and over)

Unit Record No. (Mater to insert)

*Surname _____

*Given Names _____

*Date of Birth _____ *Sex _____

F2236

To ensure a timely appointment, complete all essential information (*marked with an asterisk). Incomplete forms will be returned

Parent/ Guardian's full name

*Residential address

*Suburb *State *Postal code

Telephone: Home ☎* Mobile ☎

***Medicare eligible?** ☐Yes ☐No Medicare no. Card reference no. Expiry date

***Interpreter required?** ☐Yes ☐No Language

Is the patient of Aboriginal or Torres Strait Islander origin? ☐Yes, Aboriginal ☐Yes, Torres Strait Islander ☐No ☐Unknown

Private health insurance? ☐Yes ☐No NDIS participant? ☐Yes ☐No If YES NDIS no.

Compensable status? ☐3rd Party ☐Personal injury ☐Workcover Qld ☐DVA ☐Other, specify

*Reason for referral:

Please include all the essential condition-specific information outlined in standard referral guidelines, located at www.materonline.org.au

Provisional diagnosis/ Presenting condition/ What question/s are you asking of your specialist colleagues:

Relevant clinical history/ Examination:

My patient's condition corresponds with the following urgency category and associated clinically recommended waiting time as per Referral Criteria @ Mater Online: ☐Cat 1 ☐Cat 2 ☐Cat 3

Allergies:

Relevant investigations	Medications

02/19
Ver. 46.00
F2236

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Specialty details**: Please select ☑ a ***Head of Clinic from the list below.

Referrals are shared with other specialists in the clinic to ensure patients are seen as quickly as possible.

Breast/ Endocrine Surgery
☐ Dr C Pyke

Cardiology
☐ Dr K Kostner

Colorectal Surgery
☐ Dr C Pyke

Dermatology
☐ Dr J Muir

Endocrine/ Diabetes
☐ Dr H Barrett

Ear, Nose and Throat (ENT)
☐ Dr C Que Hee

Fracture Clinic
☐ Dr J Radovanovic

Gastroenterology
☐ Dr M Mortimore

General Medical
☐ Dr M King

General Surgical
☐ Dr C Pyke

Gynaecology
☐ Dr M Beckmann

Gynaecology Oncology
☐ Dr L Perrin

Haematology
☐ Dr R Banh

Infectious Diseases
☐ Dr P Griffin

Intellectual Disability and Autism Service
☐ Dr C Franklin

Maxillofacial
☐ Dr B Erzetic

Metabolic
☐ Dr J Nisbet

Nephrology
☐ Dr M Burke

Neurology
☐ Dr D Schweitzer

Neurosurgery
☐ Dr R Campbell

Oncology
☐ Dr C Shannon

Ophthalmology
☐ Dr B Cronin

Orthopaedics
☐ Dr J Radovanovic

Palliative Care
☐ Dr J Hardy

Plastic and Reconstructive Surgery
☐ Dr D Kennedy

Respiratory
☐ Dr L Burr

Rheumatology
☐ Dr J O'Callaghan

Urology
☐ Dr R Watson

Vascular Surgery
☐ Dr J Bingley

Other services
☐ Mater Refugee Complex Care

Continuation referral: ☐ Yes ☐ No
Updated referral/additional information? ☐ Yes ☐ No
Duration of referral:
☐ 3 months (standard referral from a specialist)
☐ 12 months (standard referral from a GP)
☐ Indefinite (chronic conditions only)

Telehealth
This patient may be suitable for a telehealth consultation?
☐ Yes ☐ No

Is the referring practitioner to be involved in the telehealth consultation? ☐ Yes ☐ No

Send completed form to Mater by:

Fax: 07 31638548 Secure messaging - Medical Objects: HM4101000R8 HealthLink EDI: materref

*Referring clinician to complete all fields clearly

Date of referral: ..... Provider number: .....

Referring clinician name: .....

Practice address: .....

.....

Phone number: ..... E-mail: .....

Fax number: ..... Referring clinician signature: .....

PRINT

CLEAR