mater health

REFERRAL TO MATER ALLIED HEALTH SERVICES

Unit Record No. _____

Surname _____

Given Names _____

DOB _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

F2796

To ensure a timely appointment, complete all sections of this form. Incomplete forms will be returned for completion.

Residential address:		
Suburb:	State:	Postcode:
Home phone number:	Mobile phone number:	
Interpreter required: ☐ Yes ☐ No If *Yes*, language:		
Is the patient of Aboriginal or Torres Strait Islander origin: ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No ☐ Unknown		
☐ NDIS:		
Medicare eligible: ☐ Yes ☐ No If *Yes* – Medicare number: ..... Card reference number: ..... Expiry date: ..... /		
Private health insurance: ☐ Yes ☐ No	Email address:	
Compensable status: ☐ 3rd party ☐ Personal injury ☐ Workcover Qld ☐ DVA ☐ Other *(specify)*:		

Referral Details Service Required

☐ **Urgent referral**

Please refer to www.materonline.org.au/services/allied-health for details of available Allied Health services.

☐ Audiology ☐ Nutrition and Dietetics ☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Pathology
☐ Mater Aged Placement Service (MAPS) ☐ Podiatry: ◯ High Risk Foot Service

Reason for Referral (include or attach any relevant supporting information to assist appropriate triage)

Provisional diagnosis/presenting condition (including date of diagnosis):

Relevant clinical history/examination:

Relevant investigations (include syndromes suspected or under investigation):

Any other relevant information (e.g. current court orders, cultural background information, recent imaging results, relevant medical/social history):

Referred By (referring clinician to complete all fields clearly)

Date of referral: ..... / ..... /	Provider number:
Referring clinician name:	
Practice address:	
Phone number:	Fax number:
Email address:	
Referring clinician signature:	

Binding margin - do not write. Do not reproduce by photocopying.
All clinical form creation and amendments must be conducted through Health Records.

REFERRAL TO MATER ALLIED HEALTH SERVICES

08/22
Ver. 6.00
F2796