



MATER REFUGEE HEALTH COMMUNITY PROVIDER REFERRAL

Unit Record No. Surname Given Names DOB Sex

AFFIX PATIENT IDENTIFICATION LABEL HERE

To ensure a timely appointment, complete all sections of this form. Incomplete forms will be returned for completion. Forms can be submitted to Mater via email: mmhcp@mater.org.au

Select service: Multicultural Health Coordination Program MIRHS (internal use only)

Patient Details

Given name(s): Surname: Gender: Male Female Non-binary X, please specify: Prefer not to answer Date of birth: Age: Residential address: Suburb: State: Postcode: Home phone number: Mobile phone number: Email address: Country of birth: Date of arrival in Australia: Interpreter required: Yes No If Yes, language spoken: Ethnicity:

Health Insurance Status

Medicare eligible: Yes No Medicare number: Reference number: Expiry date: Health Care card: Yes No Health Care card number: Reference number: Expiry date:

Visa Category

TPV SHEV Permanent resident Citizen Asylum seeker Has the patient lodged a claim for protection? Yes No Bridging visa Final departure No visa

Community General Practitioner

Has the patient seen a community GP in the past 12 months: Yes No GP name: Practice name: GP address: Suburb: State: Postcode: Phone number: Fax number:

Consent

Does the client consent to being referred to MHCP: Yes No Please note: Where the client is under 16 years of age consent must be obtained from the parent or guardian. Is the client under 16 years of age: Yes No Has parental/guardian consent been obtained: Yes No Next-of-kin name: Relationship to client: Next-of-kin contact number: Date of birth:



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

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Reason for Referral

Main presenting concerns including physical, psychological, socio-cultural (include or attach any relevant supporting information to assist appropriate prioritisation).

Large dotted area for text entry.

GP preference: Male Female No preference

Referrer Details

Form with fields for Date of referral, Name of referrer, Position/role, Organisation, Organisation address, Suburb, State, Postcode, Phone number, Fax number, Email address, Signature.

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