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):

Date of onset of referring condition: ..... / ..... / .....

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.

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01/23
Ver. 7.00
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