

 Nambour Selangor Private Hospital Part of Ramsay Health Care	Patient Name: _____
	Address: _____
	Date of Birth: _____
	UR Number: _____
Please affix patient label here	

Please complete referral details below and email along with an up-to-date GP summary or clinic letter and latest FBC, U&E and iron studies to:

dayinfusionunit.np@ramsayhealth.com.au

Alternatively results, summaries and letters can be sent directly to Dr Sarah Blyth via *Medical Objects*.

NOTE: Iron infusion is available for patients 16 years and over. If the patient is under 18 they will require a parent, or legal guardian's, consent and for them to remain present during the infusion

PATIENT DETAILS			
Date of referral:			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/>			
Surname:		Given name:	
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			
Telephone:			
Next of Kin: (if patient is under 18yrs)	Name:		
	Relationship:		
	Telephone:		
Medicare Number:		Health Fund:	
CLINICAL DETAILS			
Indication for Referral:	<input type="checkbox"/> Symptomatic iron deficiency <input type="checkbox"/> Unable to tolerate PO iron <input type="checkbox"/> Malabsorption <input type="checkbox"/> CKD <input type="checkbox"/> Heart Failure <input type="checkbox"/> Other (please list)		
Allergies: If GP summary not provided			
Other relevant medical history/comorbidities: If GP summary not provided			
Current medications: If GP summary not provided			
Referring Doctor name:		Signature:	
Provider number:			