Brisbane South
PRIVATE HOSPITAL

REFERRAL

Patient Information

Referral Date: _____

Patient Name: _____ Date of Birth: _____

Phone: _____ Insurance: _____

Diagnosis: _____

Refer Information

Referring Physician: _____

Clinic Contact Person: _____

Phone: _____

Email: _____

Referral for:

Plastic and Reconstruction

- ☐ Skin
- ☐ BCC , SCC
- ☐ Other _____

Hands

- ☐ Carpal Tunnel

Gynaecology

- ☐ D&C
- ☐ IUD under GA
- ☐ Laparoscopic / Hysteroscopic
- ☐ Diagnostic _____

Fertility

- ☐ IVF

Maxillofacial & General Dental

- ☐ _____

Ophthalmologhy

- ☐ Cataracts
- ☐ Laser
- ☐ Blepharoplasty

General Surgery

- ☐ Hernia
- ☐ Haemorrhoidectomy
- ☐ Vasectomy
- ☐ Circumcision
- ☐ Gallbladder
- ☐ Pilonidal Sinus
- ☐ Other _____

Vascular Surgery

- ☐ Venous Disorders - including leg swelling and chronic leg ulcers
- ☐ Varicose veins
- ☐ Deep vein thrombosis

Pain Management

- ☐ Diagnostic blocks
- ☐ Radiofrequency treatments
- ☐ Management of chronic back and neck pain, complex
- ☐ Interventional techniques
- ☐ Minimally invasive percutaneous techniques using image guidance
- ☐ Other _____

Podiatric Surgery

- ☐ _____

Other: _____

Included Attachments:

☐ Pathology Report ☐ Imaging ☐ Labs ☐ Other: _____

Please fax referral to: 07 3394 4248 or email to: referrals@bsph.com.au