SOUTH PACIFIC PRIVATE

Australia's Leading Treatment Centre

Doctor's Referral Form

Please complete the following referral form and return to our Intake Team. A Case Manager will contact you to proceed with the next step.

Phone: (02) 9905 3667   Fax: (02) 9466 6470

Email: info@southpacificprivate.com.au

Referral completed by: **(PLEASE PRINT IN BLOCK LETTERS)** Date: ______________________________

Doctor Provider No.: ________________ Name: ____

Organisation: ____

Email: ____

Postal Address: ____

Phone: __________________________________ Fax: _______________________________________

Signature: ____

Patient Surname: _____________________________ Given Name: ______________________________

Gender: ___________________________________ Date of Birth: _______________________________

Patient Phone No: ____

Patient Allergies: ____

Recorded Height: _______________ Recorded Weight: _______________ BMI: ____________________

Clinical History: ____

____

____

Reason for Referral: ____

____

____

Do they have any dietary requirements due to allergies, intolerances or medical conditions? .... Yes ☐ No ☐

- If yes, provide details ____

Have they previously attended South Pacific Private? .... Yes ☐ No ☐

Have they been admitted to any hospital or AOD rehabilitation facility in the last 12 months? .... Yes ☐ No ☐

- If yes, was it within the last 28 days? ___ Yes ☐ No ☐
- If yes, please name the facility(s) ____

Do you plan to continue to treat this person post discharge? .... Yes ☐ No ☐

Comments: ____

____

____

Medications:

Date	Medication & Dose

Please tick as appropriate:

☐ **Suicide/self harm risk** .... Yes ☐ No ☐

Please provide details: ____

____

☐ **Aggression/violence risk** .... Yes ☐ No ☐

Please provide details: ____

____

☐ **Medical Conditions (including open wounds or pressure sores)** .... Yes ☐ No ☐

Please provide details: ____

____

☐ **Mobility Concerns** .... Yes ☐ No ☐

Please provide details: ____

____

☐ **Memory or Cognition Concerns (while not intoxicated)** .... Yes ☐ No ☐

Please provide details: ____

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