**GP REFERRAL TO THE BREAST AND ENDOCRINE CENTRE**Attunga House, 97 Hewitt Avenue, Toorak Gardens SA 5065

**Ph:** (08) 8331 3322 or 8331 3662 **Fax:** (08) 8431 9811 **Email:** info@breastclinic.com.au

|  |  |  |  |
| --- | --- | --- | --- |
| □ **Dr Clive Hoffmann** | | □ **Dr Stephen Birrell** | |
| □ **Dr Peter Shin** | | □ **Dr Subhita Prasannan** | |
|  | |  | |  | |
| **Patient Details: \* Essential Information** | |  | |  | |

**Essential fields marked in** **red.**

**Priority:**[<<Priority>>](D:\\reception\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\1DBYWJP5\\CUSTOM" \l "|L|||33|Urgent|Within 3-4 days|Non urgent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Surname:** <<Patient Demographics:Surname>> | | **Name:** <<Patient Demographics:First Name>> | |
| **Date of Birth:** <<Patient Demographics:DOB>> | | **Medicare No:** <<Patient Demographics:Medicare Number>> | |
| **Private Health Fund:** <<Patient Demographics:Health Insurance>> | | **No:** | |
| **Patient Address:** <<Patient Demographics:Address>> <<Patient Demographics:City>> <<Patient Demographics:Postcode>> | | | |
| **Telephone: H:** <<Patient Demographics:Phone (Home)>> | **W:** <<Patient Demographics:Phone (Work)>> | | **M:** <<Patient Demographics:Phone (Mobile)>> |
| **Language spoken:** [<<Language spoken>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|C|0||0|)   |  |  | | --- | --- | | **GP Details: Name:** <<Doctor:Name>> | **Telephone:** <<Doctor:Phone>> | | **Address:** <<Doctor:Address>> <<Doctor:City>> <<Doctor:Postcode>> | | | **Provider No:** <<Doctor:Provider Number>> | **Fax:** <<Doctor:Fax>> |   **Date:** <<Miscellaneous:Date>>  **Duration of referral:** [<<Duration of referral>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|C|0||0|) | | | |

**Referral Letter:**

[<<Referral letter>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|M|||5|Dear )

**Past Medical History:** [<<Clinical Details:History List>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\SCY)

**Imaging:** [<<Imaging>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|L|||30|Done results attached|Not done)

**Pathology:** [<<Pathology>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|L|||30|Done results attached|Not done)

**Breast Screen letter attached:** [<<Breast Screen letter attached>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\CUSTOM#|B|||1|N)

**Allergies:** [<<Clinical Details:Allergies>>](file:///D:\reception\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\1DBYWJP5\R)

**Medications:** <<Clinical Details:Medication List>>

**Signature:**