



MEDALLIANCE

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Dr Jennifer Law (Cardiologist)
Dr. Lindsay Chow (Gastroenterologist)
Dr. Justin Jackson (Infectious Disease)
Dr. Chris Medley (Cardiologist)
Dr. Michael Kelly (Upper GI Surgery)
A/Prof. T. McKenzie and associates (Riverina Respiratory & Sleep Centre)

PATIENT REFERRAL

PATIENT DETAILS

Name: _____
Address: _____
Phone: _____
Mobile Phone: _____
Date of Birth: _____
Medicare No.: _____

REFERRER DETAIL

Name: _____
Practice: _____
Practice Address: _____
Phone: _____
Provider Number: _____
Date: (dd/mm/yyyy) _____
email: _____

CONSULTATION/INVESTIGATIONS REQUIRED

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Gastroscopy |
| <input type="checkbox"/> Stress Echocardiogram | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> Capsule Endoscopy |
| <input type="checkbox"/> Device Interrogation | <input type="checkbox"/> ERCP |
| <input type="checkbox"/> Spirometry (pre and post Bronchodilator) | <input type="checkbox"/> 24 Hour pH Study |
| <input type="checkbox"/> Complex Lung Function (incl. Lung Function & DLCO) | <input type="checkbox"/> Oesophageal Manometry |
| <input type="checkbox"/> Six Minutes Walk Test | <input type="checkbox"/> Bronchoscopy |
| <input type="checkbox"/> MIPs/MEPs | <input type="checkbox"/> Consultation (choose an item) |

REASON FOR REFERRAL

Please advise of any special circumstances; such as, fall risk from difficulty mobilising, inability to follow instructions from cognitive impairment, requiring monitoring, supplemental oxygen or nurse escort or multi-drug resistance organism infection.

Relevant Past Medical History: _____

Current Medications: _____

Allergies: _____

Relevant Investigation Reports: _____

Signature: _____

Referral Valid for: _____