



MEDALLIANCE

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Dr. Wei Sim (Cardiologist)
Dr. Michael Kelly (Upper GI Surgery)
Dr. Lindsay Chow (Gastroenterologist)
Dr. John Burston (Infectious Disease)
Dr. Justin Jackson (Infectious Disease)
Dr. Elizabeth O'Brien (Gastroenterologist)

Visiting Cardiologists: Dr M Brooks, Dr K Muthiah, Dr E Teo & A/Prof D Prior

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"/> Capsule Endoscopy |
| <input type="checkbox"/> Stress Echocardiogram | <input type="checkbox"/> ERCP |
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> 24 Hour pH Study |
| <input type="checkbox"/> Device Interrogation | <input type="checkbox"/> Oesophageal Manometry |
| <input type="checkbox"/> Gastroscopy | <input type="checkbox"/> Consultation (choose an item) |
| <input type="checkbox"/> Colonoscopy | |

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: _____

Referring Hospital Consultants Name: _____

Must be completed if this is a hospital generated referral