



GENERIC REFERRAL INSTRUCTIONS

Referral to most Outpatient Clinics at FHHS is via the:

[Generic Referral Outpatient Referral Form](#)

To order a hard copy referral pad: Fax request to Fax 9431 2009

GP Software templates are currently being developed.

REFERRAL

Urgent: Priority '0', requires review in first available clinic.

Please phone the Registrar via switchboard on 9431 3333.

Please fax the referral, clearly marked "urgent" with any attached reports to Fax 9431 2009, ensuring that a fax header clearly identifies patient name, clinic referred to, appointment date and total number of pages.

The registrar may request a referral be faxed directly to clinic if patient attending within 48hrs.

Please also send the original by post marked with "Faxed" including date that it was Faxed.

Routine General Referral: Priority 1-3 (ie within 30-365 days) must be sent via mail addressed to:

Outpatient Central Receiving Office
B10 Fremantle Hospital and Health Service
PO Box 480
Fremantle WA 6959

[Teaching Hospital Outpatient Referral Form](#) preferred;

to order a hard copy referral pad: Fax request to Fax 9431 2009

[Renal Referral Checklist](#)

Fremantle Hospital has specific referral forms for the following specialties (also refer to relevant Department/Service listing for specific referral instructions):

- **Gastroenterology:** - [ASI Gastroenterology Procedure Request Form](#)- suitable for all Gastroenterology procedure requests including procedures under the Ambulatory Surgery Initiative.
- **Aged Care / Geriatric Medicine ACAT:** - [Southern Aged Care Evaluation & Rehabilitation Service](#)
Fax: (08) 9431 2993
- **Mental Health Referral:**
 - [Child and Adolescent \(CAMHS\) Form](#) Telephone first (08) 9336 3099
Child and Adolescent Mental Health Service (CAMHS)
Stirling Street Centre
1 Stirling Street
Fremantle WA 6160
 - [Adult / Older Adult Referral Form](#) Fax (08) 9431 3479
- [Obstetric Referral Form](#) - Public Antenatal Clinic Kaleeya Hospital - post or fax to:
Kaleeya Hospital
PO Box 480
FREMANTLE WA 6959
Tel: 9319 0300
Fax: 9319 1958
- [Southwell Child Development Referral Form](#) - post or fax to:
Southwell Child Development Centre
PO Box 40, Hamilton Hill WA 6963
Telephone 9418 1177; Fax: (08) 9434 2560

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- [Pathology Request Form](#)
- [Radiology Request Form](#)

REFERRAL RECOMMENDATIONS

Guidelines for the Referring Doctor for an Appointment at FHHS

All of the prompts included on the referral form are essential for the hospital to effectively and efficiently respond to your referral. All referrals should include:

The Patient's:

- full name (and any alias)
- Name of the parent or caregiver (if applicable)
- Next of kin
- Current address. This ensures your patients will receive appointment details
- Telephone number (home and alternative, preferably mobile)
- Date of birth
- Hospital Unit Medical Record Number (if known)
- Special needs (eg interpreter required)
- Veteran's Affairs eligibility if applicable

Details of

- Presenting symptoms and their duration
 - Physical findings
 - Past history including details of previous treatment and investigations including X-rays (photocopies of results if appropriate). **Staff triaging referrals do not have access to Medical records.**
 - previous treatment including medications given to the patient for the condition
 - associated medical conditions which may effect the conditions, or its treatment (eg diabetes)
 - current medications and any drug allergies
 - community support services in place
- Referring GP and usual GP details including Provider Number

This information should be detailed routinely in all referrals.

If this data is provided, valuable clinical time can be used to see patients rather than attempting to gather information that was readily available from the referring Doctor.

Referrals that do not contain sufficient information to allow patient or provider identification and accurate grading of the priority of the referral will be returned to the referring Doctor.

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