



Children's Health Queensland
Hospital and Health Service

Specialist Referral

Medical Objects ID **RQ402900084**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

FAX REFERRAL TO 1300 407 281

PATIENT DETAILS [Referral of new patients are accepted before their 16th birthday]

Surname:

Given names:

Date of birth:

Age:

UR:

1. Sex recorded at birth: Male Female Please specify:

2. Gender: Boy / male Girl / female Non binary person Different term - specify:

Aboriginal or Torres Strait Islander origin: Aboriginal Torres Strait Islander Both Neither

Medicare eligible: No Yes ▶ Card number: _____ Card reference: _____ Expiry: _____ / _____

Address:

Suburb:

Postcode:

Ph (H):

Mobile:

Parent/Guardian/Agency name:

Relationship to patient:

Parent/Guardian/Agency contact details:

Interpreter required? No Yes ▶ preferred language: _____

Is child in out of home care? No Yes ▶ Child Safety Service Centre: _____

Are there any custody or guardianship issues? Yes No

Facility referred from:

Facility URN:

Length of referral and designation

SMO/VMO/Specialist (3 months) Registrar/Resident (12 months) **GPs** ▶ Indefinite 12 months Telehealth referral

Is the referral urgent? Yes No If yes, please explain why: _____

Refer to a Specialty by selecting a **Head of Clinic** or completing the specialty field below. Referrals are shared with other Specialists in the clinic to ensure patients are seen as quickly as possible.

Please note: Referrals to Genetic Health Queensland or Children's Oral Health are to be made to the Metro North Hospital and Health service

Burns

Prof Roy Kimble
[Fax: 3068 4329]

Cardiac Surgery

Dr Prem Venugopal
[Fax: 3068 4329]

Cardiology

Dr Timothy Colen
[Fax: 3068 4329]

Child Development

Dr Helen Heussler
 Child Health Service

Childhood Hearing Clinics

Dr Helen Heussler

Child Protection & Forensic Medical Services

Dr Jan Connors

Cleft & Cranio-facial

Dr Stuart Bade

Dermatology

Dr Tania Zappala

Endocrinology/Diabetes

Dr Tony Huynh

ENT/Otolaryngology

Dr Nicola Slee

Specialty:

Immunology & Allergy

Dr Jane Peake

Fracture Clinic

Dr David Bade
[Fax: 3068 4329]

Gait/Motion Analysis

Dr John Walsh
Specialist only

Gastroenterology & Hepatology

Dr Nikhil Thapar

Gender Clinic

Dr Brian Ross

General Paediatrics

Dr David Levitt

Haematology

Dr Jeremy Robertson
[Fax: 3068 4329]

Immunisation

Dr Sophie Wen

Infectious Diseases & Immunisation Specialist Service

Dr Julia Clark

Metabolic Medicine

Director - Anita Inwood
 Dr Coman / Lipke / Bursle

Nephrology

Dr Peter Trnka

Neurology

Dr Sophie Calvert

Neurosurgery

Dr Robert Campbell
[Fax: 3068 4329]

Obesity

Dr Anne Kynaston
QCH catchment only

Oncology

Dr Wayne Nicholls
For all Oncology referrals phone QCH on 3068 1111 - request to speak with the Oncologist on call

Ophthalmology

Dr Shuan Dai

Oral & Maxillofacial Surgery

Dr Ben Erzetic

Orthopaedic Surgery

Dr David Bade

Paediatric Surgery & Urology

Prof Roy Kimble

Paediatric & Adolescent Gynaecology

Prof Rebecca Kimble

Pain Clinic

Dr Mark Alcock

Palliative Care

Dr Anthony Herbert

Plastic & Reconstructive Surgery

Dr Yun Phua

Rehabilitation/ Cerebral Palsy Health

Dr Priya Edwards

Respiratory/Sleep Medicine

Prof Alan Isles

Rheumatology

Dr Ben Whitehead

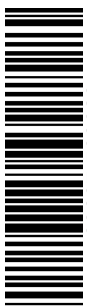
Sleep Clinic

Dr David Kilner

Vascular Malformations

Prof Roy Kimble

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Patient name:

Date of birth:

URN:

REASON FOR REFERRAL (problem to be addressed)

Background – history of presenting complaint & clinical question: (comment on duration, severity, and treatment to date)

Past medical history:

Current medications:

Allergies:

Immunisation status:

Social history and/or psychosocial risk factor/s: (comment on home visit safety)

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Patient name:

Date of birth:

URN:

Relevant family history:

DEVELOPMENTAL ASSESSMENT [for referrals to Child Development Service]

Thinking and Learning (Attention, learning new things, planning and problem solving, engagement at school/childcare)

No concerns Concerns – details:

Communication (understanding, expressing self, clarity of speech)

No concerns Concerns – details:

Social Skills and Play (Interaction and play with peers, underlying play skills and interests)

No concerns Concerns – details:

Movement Skills (gross and fine motor skills, symmetry)

No concerns Concerns – details:

Activities of Family Living and Independence (Mealtimes, dressing, toileting, sleep)

No concerns Concerns – details:

Emotional Wellbeing Skills (Managing emotions + behaviour for age (e.g. escalation, withdrawal, length of time))

No concerns Concerns – details:

Supporting documentation (please select and attach):

- Information from school/kindy/childcare Paediatrician or other specialist reports
 Allied Health reports Other (specify):
 Guidance Officer reports

RELEVANT INVESTIGATIONS ► PLEASE ATTACH COPIES

REFERRING DOCTOR [Please complete all sections legibly – incomplete referrals will be returned]

DR surname	DR given name	Provider #
Hospital	Unit	Department
Phone	Fax	Pager
Is anyone else involved in the care of this patient?	Date:	Time:
		Signature:

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