THRIVE
FAMILY PRACTICE

IRON INFUSION SERVICE REFERRAL

Shared-care referral for iron infusion

Patient

Name: _____ DOB: _____

Phone: _____ Medicare: _____

Reason for Referral

☐ Iron deficiency without anaemia

☐ Iron deficiency anaemia

☐ Oral iron not tolerated

☐ Oral iron ineffective

☐ Repeat iron infusion

☐ Other _____

Relevant Clinical Information

(Diagnosis, symptoms, relevant history, previous infusion reactions, allergies, or anything else you think we should know.)

_____

_____

_____

Referring GP

Doctor: _____ Practice: _____

Provider No: _____ Phone: _____

Signature: _____ Date: _____

Referral Checklist

☐ Iron infusion prescription attached

☐ FBC attached

☐ Iron studies attached

☐ eGFR attached

☐ Other relevant pathology attached

How the service works

Before referral

- Referring GP confirms the patient is suitable for iron infusion.
- Referring GP provides the iron infusion prescription.
- Recent pathology is attached.

Thrive provides

- Iron infusion
- Post-infusion observation
- Procedure summary sent to the referring GP.

If the referral information is incomplete or further assessment is required, the patient may be contacted to arrange a review before proceeding.

✓ Ongoing care is returned to the referring GP.

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