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Delivering telehealth services to long-COVID patients across Australia

Provider Details	
Practitioner Name	
Practice	
Practice Address	
Practice Phone	
Practice Fax	
Provider Number	
Correspondence Email	
Secure Messaging Address	

Patient Details			
Title			
First Name			
Preferred Name			
Surname			
Date of Birth			
Street Number and Name			
Suburb, Postcode			
State			
Medicare Card		IRN	Expiry
Concession Card (Y/N)			
Workcover	Policy Name	Claim Number	
Email Address			
Mobile Number			



Reason for Referral

COVID-19 History

When was your clients last COVID-19 diagnosis, and roughly how long has your patient had long-COVID for?

Current Medications

Allergies and Reactions

COVID-19 Vaccination Status**Number of doses:****Brand of vaccine:****Relevant Past History | Family, Social, Medical**

Please circle: Referral valid for 3 months/12 months/indefinite

Kind regards,

Practitioner Name	
Signature	
Date	

Please attach relevant diagnostic, imaging or pathology reports relevant to this referral

This includes specialist reports, chest x-ray, chest CT/CTPA/VQ scan, respiratory function tests, ECG, echocardiogram, holter monitor, ambulatory blood pressure monitor, nerve conduction studies, active stand test

Send this referral to

admin@clinicnineteen.com.au or ***03 4059 1919*** or Healthlink: ***nineteen***