



**EPAS REFERRAL – RPA WOMAN & BABIES**

**FAX: 9515 3454**

**PATIENT DETAILS**

**DATE:**  /  /

Name

Address

Ph

Mob

DoB

Age

Interpreter Required? YES  NO

Language

**GP DETAILS**

Name

Provider #

Address

Ph

Fax

**CLINICAL INFORMATION**

**LMP:**

**Serum BhCG:**

*Please either fax relevant results to fax number given above or ask the patient to bring the results to the clinic appointment*

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

**CONSULTANT**

<b>Dr Neil Campbell</b> <b>2562883F</b>	<b>Dr Joanne Ludlow</b> <b>2093924W</b>	<b>Dr Adam Mackie</b> <b>2549344X</b>
<b>Dr Brad de Vries</b> <b>2117858J</b>	<b>Dr Louise Fay</b> <b>2789639X</b>	<b>Dr Kirsten Black</b> <b>0638149T</b>

Letter to client with appointment dates    Yes     No     Date and Time of appointment: \_\_\_\_\_

Letter for GP    Yes     No

Language booked    Yes     No     Signature and date posted: \_\_\_\_\_