



Do you refer to the RCH?? Here's some info on how to make your referral MOST EFFECTIVE

Royal Children's Hospital, Melbourne

OUTPATIENT CLINIC REFERRAL FORM

Copies available through www.rch.org.au/kidsconnect

Fax to 03 9345 5034

Please complete all sections of this form, preferably by typing. Your patient will receive a letter by mail with the details of their scheduled appointment. You will receive a letter from the RCH doctor that sees your patient. For all enquiries please telephone (03) 9345 6180. Please call the RCH with an urgent referral.

Patient details

Surname: _____ Given names: _____
Date of birth: _____ Sex: Male Female
Address: _____
Preferred contact number: Mobile* _____ (2) Other _____
Medicare number #: _____
Language spoken at home: _____ Interpreter required: Yes No

* Mobile number used to send SMS reminder before appointment. # Needed for RCH billing to Medicare.

Clinical details (Outpatient clinic info, pre-referral guidelines etc on Kids Connect)

Clinic required _____ OR RCH to determine appropriate clinic
Reason for referral / diagnosis: _____
Relevant past history: _____
Please include a list of current medications, any relevant pathology and imaging results with this referral. This information will assist us to appropriately triage your patient.
Referral duration: 3 months 12 months Indefinite Other _____

Referring doctor details

Surname: _____ Given name: _____
Provider number: _____
Address: _____
Telephone number: _____
Fax number: _____
Doctor's signature: _____
Date: _____
Preferred contact: Telephone Fax Email: _____

Practice stamp (if available)

Parent info factsheets www.rch.org.au/kidsinfo Primary Care Liaison (Kids Connect) www.rch.org.au/kidsconnect

Office use only
Date received _____ Clinic _____ Triage _____ 2007-08

Parent's mobile number – so we can send an SMS reminder before the appointment.

Medicare number – for accurate patient ID and registration.

See pre-referral guidelines – online at Kids Connect for suggested tests, treatments and investigations pre-referral.

12 months referral validity – is preferred to ensure the referral remains valid until appointment date.

Typed referrals are much easier to read & triage appropriately - especially after faxing.

Please call for urgent referrals – we will ensure we triage your referral immediately.

RCH staff will triage your referral to most appropriate clinic with shortest waiting time.

Stamp not clear after faxing, so please make sure you also type your contact details clearly.

Contact RCH OPD triage staff:

Call OPD triage staff: (03) 9345 6574
or via switchboard (03) 9345 5522 and ask for pager 6844
Monday to Friday 0830am to 5pm

Download referral form from Kids Connect to your office software

www.rch.org.au/kidsconnect

Referring to the RCH OPD

See Kids Connect online: www.rch.org.au/kidsconnect

1. **Check pre-referral guidelines**
[Pre-referral guidelines](#) - suggestions for pre-referral management, contact information, links to referral forms, online resources and parent handouts.
2. **Call**
RCH specialists welcome any clinical enquiries.
Tel (03) 9345 7060, #5 - ask for the relevant Registrar or Consultant on-call, or get direct contact details from the relevant [department or service](#).
3. **Type referral**
Can be installed to most GP desktop software or saved as a Word document.
Typed forms are easier to read, especially after faxing.
Choosing a clinic is optional - triage staff will choose the most appropriate clinic with the shortest waiting list.
4. **Better information = better triaging**
Referrals with insufficient information for triaging will be faxed back to you requesting more information before booking an appointment.
If relevant, please also fax tests done and results. This will facilitate faster and more appropriate triaging.
5. **Fax**
Post or fax your completed form to the Outpatient Department Booking Office - fax (03) 9345 5034.
For urgent referrals please also call the OPD booking office on (03) 9345 7060, #2.

An appointment will be posted to your patient as soon as it has been made. This may be around four weeks or more for a non-urgent referral.

Essential information needed

- o Name of the child, date of birth, address, contact number
- o **A caregivers mobile number** (we SMS appointment reminders)
- o Language – please state if interpreter needed
- o **Medicare number** (*highly recommended*)
- o Reason for referral
 - **Important to include *relevant* recent history and findings**
 - Relevant pathology/radiology
- o Allergies
- o Current medications
- o Suggested timeframe to consultation i.e. 1-2 weeks, 3-6 weeks, 7-12 weeks
 - Please call OPD bookings if the referral is urgent on (03) 9345 7060 #2
- o **Clear referring doctor details** (*Please note that clinic stamps are often not clear after faxing*)
- o Your name, address, telephone and fax numbers/e-mail
- o **Your Provider number**

See Kids Connect online

Kids Connect (Primary Care Liaison) www.rch.org.au/kidsconnect

- o Pre-referral guidelines and referral forms
- o Referral process and essential information needed
- o Contact numbers for RCH clinics and specialist advice
- o Parent factsheets via the Kids Health Info website