PAEDIATRIC INTER-HOSPITAL TRANSFER FORM

For transfers to The Royal Children's Hospital and the Paediatric Department at Monash Medical Centre

Transfer from:	
Transfer to:	

Referring hospital UR label

Or

Name

Address

DOB

Tel

Receiving hospital UR label

Major reason for transfer: (more detail in accompanying letter or overleaf)

Name of doctor (at Referring hospital) arranging transfer

Tel:

Consultant ❑ Registrar ❑ Resident ❑
Emergency ❑ Paediatric ward ❑ ICU ❑

Consultant Paediatrician / Surgeon / Intensivist involved (at Referring hospital)
(Please give best daytime contact details)

Tel:

Address: Fax:

Does Paediatrician / Surgeon / Intensivist wish to be involved in continued follow-up of patient?
Yes ❑ No ❑

Regular Specialist if different from above:

Name of patient's General Practitioner: Tel:

Address: Fax:

Referring hospital - Please send copies of all relevant investigation results and X rays include laboratory telephone numbers if there are outstanding results

Receiving hospital - Please contact the child's referring specialist with progress reports, and at the time of hospital discharge to discuss follow-up plans.

Dates specialist was contacted