

ROYAL CHILDREN'S HOSPITAL MENTAL HEALTH SERVICE
REFERRAL CARD

Please affix sticker or write patient details
(inc. Name, d.o.b. & parents' names)

Referral Date:

Ward (If IP):

Name: Date of birth:

Address: Unit Record:

Parents' Names:

Thanks for seeing this patient, and family if
required for opinion and advice

for ongoing treatment

The parents or guardians are aware of this referral Yes No

The child or adolescent is aware of this referral Yes No

Clinical Details

Problem:

History & Findings:

Current Diagnosis:

Other involved Departments - please specify:

Consultant: Referred By: Unit/Clinic

Stock No. 001969

(please print)