



The Royal Children's Hospital (RCH), Melbourne, Australia International Patient Referral Request Form

This form must be completed for all international patients referred to the Royal Children's Hospital (RCH), Melbourne, Australia, for medical treatment or consultation. Your child's doctor or medical specialist must complete this referral request form. A detailed medical history will allow us to assess the request promptly.

All information should be provided in English, if possible. Please attach copies of all pathology, laboratory or diagnostic imaging reports. The completed form and attachments should be returned to RCH Global:

Email RCHGlobal.enquiries@rch.org.au

Facsimile +61 3 9345 6540

An acknowledgement of receipt will be sent via email to the guardian and referring doctor nominated on this form.

PATIENT DETAILS

Patient's name

Sex Male Female

Birth date

Has the patient seen a doctor or had a test at RCH? Yes Please provide the Patient Medical Record Number

CONTACT DETAILS

Address

Telephone number

Mobile telephone number

Email address

Email address

Facsimile number

Guardian's name

Relationship to patient

Do you need an interpreter to help you communicate in English? Yes Language required

REFERRING DOCTOR DETAILS

Name

Address

Telephone number

Mobile telephone number

Email address

Reason for a clinical appointment at Royal Children's Hospital Melbourne?

DOCUMENTS ATTACHED

Specialist medical reports

Pathology reports

Diagnostic reports

Imaging reports

Other reports

Echocardiogram must be sent on CD/DVD (Dicom format) to:
RCH Global
Level 4 West, Corporate Offices
The Royal Children's Hospital
50 Flemington Road
Parkville, Victoria 3052
Australia

ELIGIBILITY REQUIREMENTS

All international patient referrals will be considered by RCH Global and a medical specialist in line with our eligibility requirements and capacity. Completion of this patient referral request form does not guarantee treatment or consultation at RCHM.
