



RCH Specialist Clinics Referral

Fax all referrals to (03) 9345 5034

Telephone enquires (03) 9345 6180 (Monday- Friday 8.30-4.00pm)

Please note: A typed referral is required. Receipt of referral and rejection notifications will be via fax within 8 working days.

Families will receive SMS confirming receipt of referral (mobile number MUST be included).

Correspondence will be sent to the family when the patient is added to the waiting list or appointment is offered.

Further information:

Specialist Clinics: www.rch.org.au/specialist-clinics
Pre-referral guidelines can be found here

Primary Care Liaison: www.rch.org.au/kidsconnect

Patient info factsheets: www.rch.org.au/kidsinfo

Patient Details *(We require all fields of the patient details to be completed)*

Patient Surname	Given name		
Date of birth	RCH UR Number <i>(if known)</i>		
Gender			
Address	Postcode		
Parent/Carer surname	Given name		
Mobile Number	Landline number		
Medicare number	Ref number	Expiry date	
Not Medicare eligible <input type="radio"/>			
Indigenous status <input type="radio"/> Aboriginal	<input type="radio"/> Torres Strait Islander	<input type="radio"/> Not indigenous	
Interpreter required <input type="radio"/> Yes <input type="radio"/> No	Language		

Clinical Details

Department <i>(if known)</i>	Or <input type="radio"/> RCH to determine
To Doctor <i>(required for MBS clinics)</i>	Or <input type="radio"/> RCH to determine
Is this a new referral or continuation of existing referral	<input type="radio"/> New Or <input type="radio"/> Continuing
Reason for referral: <i>Include your clinical findings, management to date, investigation results, relevant medical and social history, special needs, allergies and any current medications.</i>	

Referring doctor details

Given name	Surname	Referral duration <input type="radio"/> 3 months <input type="radio"/> 12 months <input type="radio"/> Indefinite <input type="radio"/> Other <i>(please specify)</i> _____
Provider number		
Practice name		
Practice address		
Telephone Number	Fax Number	
Doctors signature	Date	