

**Mercy Hospital for Women
Outpatient Department Referral Form
FAX: 8458 4205**



M E R C Y
HOSPITAL FOR WOMEN

This form constitutes a valid referral to any of the Health Service clinics provided all requested details are complete.

<u>Mercy Hospital for Women</u> 163 Studley Road Heidelberg 3084 8458 4444	<u>PANCH Health Service</u> 300 Bell St Preston 3072 9485 9000	<u>Ivanhoe Mercy Clinic</u> Women's services 113 Waterdale Rd Ivanhoe 3079 1300 657 501
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<u>Patient Details:</u> Full Name: Date of birth: Address: Phone: (H) Mobile:	MHW UR if Known: Medicare No: Language spoken at home: Interpreter required?: Aboriginal or Torres Strait Islander?: Phone: (W)
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<u>Referring doctor details:</u> <u>Clinic required if known:</u>	<u>Reason for referral/diagnosis:</u>
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Relevant Past History:

Investigations:
Please attach copies if applicable

Medication List:
Please attach if applicable

Appointment details will be sent directly to the patient and the GP will be notified.

For urgent referrals please contact the Unit Registrar directly by phone.

Doctor's signature:
Patient's consent:
Pages to follow (including cover sheet):
Date:

IMPORTANT NOTICE - PRIVILEGED AND CONFIDENTIAL MESSAGE:

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