



PATIENT DETAILS

Patient Name: _____

Sex: M ☐ F ☐ Other ☐

Date of Birth: _____

Address: _____ Suburb: _____

Phone Number: _____ Medicare #: _____

SPECIALIST CONSULTATION

☐ **Dr Anh Nguyen**
MBBS (Hons), FRACS
(Plastic Surgery), PGradDipSurgAnat
Plastic Surgeon

☐ **Dr Larry Leiw**
MB BS FRACP FACHPM
Geriatric and Palliative
Medicine

☐ **Dr Robert Tewksbury**
BSc, MBBS, FRACS (Vascular)
Vascular and Endovascular
Surgeon

☐ **Dr Lucas Sanders**
FRACS, FCS SA, MSRC
Cardiothoracic Surgeon

☐ **Dr Jenny Ng**
MBBS (Hons) FRACP
Endocrinologist

☐ **Dr Bernadette-McElhinney**
MB BAO BCH, FRANZCOG, FRCOG
Gynaecologist

☐ **Kelly Chilvers**
BSc Physiotherapy, MSc Clinical Physiotherapy
(Major in Continence and Pelvic Health)
Continence and Pelvic Health
Physiotherapist

CLINIC DETAILS

Medical History (provide patient health summary) / Medications: _____

Specific Clinical Query?: _____

REFERRING DOCTOR

Name: _____

Provider Number: _____

Signature: _____

Date: _____

Practice Name: _____

Contact Number: _____

Health Link ED: _____

Send a copy of the report to: _____

