EThOS GP Referral Form

Fax this form to EThOS triage nurse on (03) 8807 7489
or Phone 0407 849 579

Patient Details

Surname: ....

First Name: ....

DOB: ....

Address: ....

....

....

Mobile No: ....

Tel Day: ....

Tel Evening: ....

General Practitioner Details

Name: ....

Address: ....

....

Telephone: .... Mobile: ....

Fax: ....

GP Signature: .... Date of Referral: ....

Provider Number: ....

Referral Information

Symptoms

....

....

....

....

....

....

....

....

Smoking Status

☐ Current Smoker ☐ Ex Smoker ☐ Non Smoker

Past Medical History

....

....

....

....

....

....

Chest X-Ray

Date: .... Please attach/fax copy of result if possible

Where: ....

☐ Normal

☐ Abnormal

....

CT Scan (if done)

Date: .... Please attach/fax copy of result if possible

Where: ....

☐ Normal

☐ Abnormal

....

Allergies and Medications

Allergies: Yes ☐ No ☐

☐ History of allergy to contrast dye

Anticoagulants/Antiplatelet therapy: Yes ☐ No ☐

Details: ....

....

Medications:

....

....

....

....

Comments

....

....

....

Would you wish to attend your patient's multidisciplinary team meeting? ☐ Yes ☐ No