

Pancreatic Cancer Referral Form

Patient details

Name:

UR (if an existing Epworth patient):

Address:

Postcode:

Telephone: Email:

Gender: DOB: / /

Medicare card number: Expiry date: /

Health fund: Yes No Name of fund: Membership number:

Department of Veteran Affairs: Gold White Membership number:

Next of kin details

Name:

Telephone: Relationship to patient:

Referrer details

Name: Provider number:

Specialist GP Clinic name:

Address:

Postcode:

Telephone: Fax:

Email:

Pancreatic Cancer Referral Form



Reason for referral

- Suspected pancreatic cancer/investigations Second opinion Treatment Clinical trial

Additional information:

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Medical information

Imaging results:

CT:

EUS:

MRI:

Other:

Please attach any relevant correspondence, imaging, histology or pathology results with this referral.

Details of relevant past medical history, current medications and allergies:

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Other additional information:

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Please email your referral form to our pancreatic nurse coordinator at EHJreissatiCentre@epworth.org.au

Jeissati Family Pancreatic Centre at Epworth

Suite G4, 173 Lennox Street, Richmond VIC 3121
Phone 03 9426 8880
Email EHJreissatiCentre@epworth.org.au