Health
Western Sydney
Local Health District

Facility: Blacktown and Mount Druitt Hospitals

GP REFERRAL

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ______ / ______ / ______	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Referral to: (please circle)

Mt Druitt Gen paeds:
Dr Neha Sethi
Dr Stephen Brancatisano
Dr Christopher Yong
Dr Lisa Hoyland

Mt Druitt Allergy
Dr Suganya Vignakaran

Mt Druitt Constipation clinic
Monica Rossi NP

Office use only:

Triage
☐ CAT 1
☐ CAT 2
☐ CAT 3

Comments:
____
____
____
____

CHILD PERSONAL DETAILS:

Name:	
Date of birth:	Medicare no.:

FAMILY DETAILS:

Legal guardian: ☐ parent ☐ guardian	
Name:	Relationship:
Address:	
Phone no.:	Aboriginal / Torres Strait : ☐ Yes ☐ No
Language spoken at home:	Interpreter required: ☐ Yes ☐ No
Is the child in out of home care? ☐ Yes ☐ No	If yes: Agency :
Contact name:	Phone number:
Are there any custody or guardianship issues?	

REFERRAL:

Reason for referral:

Past medical history:

Current medications:

Allergies:

Immunisations: ☐ up to date ☐ due ______________ immunisation

Development

Social history (if significant):

If referring for developmental concerns please complete developmental concerns page.
Please attach relevant reports/ blood results and imaging reports if required.

REFERRER DETAILS:

Name:	Designation:
Organisation:	Provider no.:
Phone:	Fax:
Email:	
Date:	Signature:

If required information is not attached, referral will be returned.
Referrals to be emailed to WSLHD-BMDHPaeds-Outpatients@health.nsw.gov.au
Phone: 9881 1169 Fax: 9881 1036

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

GP REFERRAL

WSHR-0224

250521

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DEVELOPMENTAL CONCERNS:

(Tick as many as apply. Document concerns in space below):

(Checklist for developmental red-flags available at https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/red-flags.pdf)

☐ Hearing

☐ Vision

☐ Speech and language

☐ Fine motor

☐ Gross motor

☐ Cognitive

☐ Social/behaviour/other

Concerns noted by:

☐ Parents

☐ Daycare/School (please request reports/written information if available to be brought to appointment)

☐ GP

Interventions to date (some of these may be initiated whilst on waitlist depending on concerns above)

☐ Hearing assessment

☐ Vision assessment

☐ Referral for therapy to Community Health

☐ Referral for OT/Speech/physio (funding through Chronic Diseases Management plan)

☐ Referral to ECEI through NDIS

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