ST JOHN OF GOD
Midland Public Hospital

Operated by St John of God Health Care in partnership with the Government of Western Australia

REFERRAL FORM – General

Only completed forms will be accepted via:

- ☐ SJG Midland Referrals, PO Box 268, Midland WA 6936
- ☐ MI.Referrals@sjog.org.au
- ☐ Fax: (08) 9462 4085

Phone: (08) 9462 4293

Referral to

Specialty ______ Specialist (if known) ______ Date ______

Patient details

URN hospital no. ______ Title ______ Gender ______

Surname ______ First name ______ D.O.B ______

Previous name/s ______ Mobile ______

Address ______ Phone ______

Suburb & postcode ______ Email ______

Marital status ______ Religion ______ Medicare no. ______

Country of birth ______ Interpreter? ______ Reference no. ______

Indigenous status ______ Language ______ Expiry date ______

Next of kin/carer

Relationship ______

Name ______

Address ______

______

Phone ______

Referrer details

Usual GP? ☐ Yes ☐ No

Referrer name ______ Provider no. ______

Practice name ______

Address ______

Suburb ______ Postcode ______

Phone ______ Fax ______

Referral details

Urgency ☐ P1 (30 days) ☐ P2 (90 days) ☐ P3 (365 days)

Reason for referral ______

*Please attach any relevant diagnostic reports

Significant medical history ______

Current medications & treatment used ______

Allergies ______ Height ______ Weight ______ BMI ______

Referring Doctor's signature ______ Date ______

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