Deakin Private Hospital
ABN 63 664 592 116 ACN 664 592 116
63 Denison Street, Deakin ACT 2600
T 02 5114 8100 F 02 5114 8399
deakinprivate.com.au

Patient Referral Form

Referral to: **Deakin Private Hospital**
63 Denison Street, Deakin ACT 2600

T 02 5114 8100 **F 02 5114 8399**

Referrer Information

Title

Given name **Family name**

Provider number **Provider Qualification**

I would like to be kept informed by:

Email **Telephone** **Fax** **Letter**

Phone number **Fax number**

Email

Practice Name

Practice address

City **State** **Postcode**

Patient Information

Given name **Family name** **DOB**

Patient phone number **Email**

Home address

City **State** **Postcode**

Patient funding source for hospital admissions:

DVA **Private Health** **TAC** **Work Cover** **Self-funded**

Health fund, TAC or Work Cover Number

Medicare number **Reference Number** **Expiry date**

Referral Information

The patient is aware of the referral and agrees to be contacted by Deakin Private Hospital.

The patient is being referred for:

Hospital admission	**Day program/s**	**Private appointment**
rTMS	**291 assessment**	**Other**

If other, please provide details:

Reason for referral – *please provide as much information as possible to assist in streamlining the admission process.*

Mental state:

Psychiatric history:

Current medications & allergies:

Goals of admission:

Current medical history:

Past inpatient admissions:

Recent bloods or imaging that are relevant:

Current psychologist and or psychiatrist:

Any other information:

Signature **Name** **Date**

Referrals can be submitted via email to dkn.admissions@imh.com.au or Fax 025114 8399.

Please call our Admissions and Assessment Team if you would like to discuss further 1800 961 391.