



Children's Health Queensland
Hospital and Health Service

Specialist Referral

Medical Objects ID **RQ402900084**

(Affix patient identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

FAX REFERRAL TO 1300 407 281

PATIENT DETAILS [Referral of new patients are accepted before their 16th birthday]

Patient surname:

Patient given names:

Date of birth:

UR:

1. Sex recorded at birth: ☐ Male ☐ Female ☐ Please specify:

2. Gender: ☐ Boy / male ☐ Girl / female ☐ Non binary person ☐ Different term - specify:

Aboriginal or Torres Strait Islander origin: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Medicare eligible: ☐ No ☐ Yes ▶ Card number: Card reference: Expiry: /

Address:

Suburb:

Postcode:

Ph (H):

Mobile:

Parent/Guardian/Agency name:

Relationship to patient:

Parent/Guardian/Agency contact details:

Interpreter required? ☐ No ☐ Yes ▶ preferred language:

Is child in out of home care? ☐ No ☐ Yes ▶ Child Safety Service Centre:

Are there any custody or guardianship issues? ☐ Yes ☐ No

Facility referred from:

Facility URN:

Length of referral and designation

☐ SMO/VMO/Specialist (3 months) ☐ Registrar/Resident (12 months) **GPs** ▶ ☐ Indefinite ☐ 12 months ☐ Telehealth referral

Is the referral urgent? ☐ Yes ☐ No If yes, please explain why:

Refer to a Specialty by selecting a ☒ **Head of Clinic** or completing the specialty field below. Referrals are shared with other Specialists in the clinic to ensure patients are seen as quickly as possible.

Please note: Referrals to Genetic Health Queensland or Children's Oral Health are to be made to the Metro North Hospital and Health service

Burns

☐ Prof Roy Kimble
[Fax: 3068 4329]

Cardiac Surgery

☐ Dr Nelson Alphonso
[Fax: 3068 4329]

Cardiology

☐ Dr Timothy Colen
[Fax: 3068 4329]

Child Development

☐ Dr Helen Heussler

Child Health Service

Childhood Hearing Clinics

☐ Dr Helen Heussler

Child Protection & Forensic Medical Services

☐ Dr Jan Connors

Cleft & Cranio-facial

☐ Dr Yun Phua

Dermatology

☐ Dr Tania Zappala

Endocrinology/Diabetes

☐ Dr Tony Huynh

Specialty:

ENT/Otolaryngology

☐ Dr Gareth Lloyd

Immunology & Allergy

☐ Dr Jane Peake

Fracture Clinic

☐ Dr David Bade
[Fax: 3068 4329]

Gait/Motion Analysis

☐ Dr John Walsh
Specialist only

Gastroenterology & Hepatology

☐ Dr Nikhil Thapar

Gender Clinic

☐ Dr Brian Ross

General Paediatrics

☐ Dr Kate Davies

Genetic Counselling

Haematology

☐ Dr Jeremy Robertson
[Fax: 3068 4329]

Immunisation Specialist Services

☐ Dr Sophie Wen

Infectious Diseases

☐ Dr Julia Clark

Metabolic Medicine

Director - Anita Inwood
☐ Dr Coman / Lipke / Bursle

Nephrology

☐ Dr Peter Trnka

Neurology

☐ Dr Sophie Calvert

Neurosurgery

☐ Dr Robert Campbell
[Fax: 3068 4329]

Obesity

☐ Dr Anne Kynaston
QCH catchment only

Oncology

☐ Dr Wayne Nicholls
*For all Oncology referrals phone
QCH on 3068 1111 - request to
speak with the Oncologist on call*

Ophthalmology

☐ Dr Shuan Dai

Oral & Maxillofacial Surgery

☐ Dr Ben Erzetic

Orthopaedic Surgery

☐ Dr Sarah Metz

Paediatric Surgery & Urology

☐ Prof Roy Kimble

Paediatric & Adolescent Gynaecology

☐ Prof Rebecca Kimble

Pain Clinic

☐ Dr Mark Alcock

Palliative Care

☐ Dr Anthony Herbert

Plastic & Reconstructive Surgery

☐ Dr Yun Phua

Rehabilitation/ Cerebral Palsy Health

☐ Dr Priya Edwards

Respiratory

☐ Assoc Prof Sadasivam Suresh

Rheumatology

☐ Dr Ben Whitehead

Sleep Medicine

☐ Assoc Prof Sadasivam

Vascular Malformations

☐ Prof Roy Kimble

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REASON FOR REFERRAL (problem to be addressed)

Background – history of presenting complaint & clinical question: (comment on duration, severity, and treatment to date)

Past medical history:

Current medications:

Allergies:

Immunisation status:

Social history and/or psychosocial risk factor/s: (comment on home visit safety)

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URN:

Relevant family history:

DEVELOPMENTAL ASSESSMENT [for referrals to Child Development Service]

Thinking and Learning (Attention, learning new things, planning and problem solving, engagement at school/childcare)

☐ No concerns ☐ Concerns – details:

Communication (understanding, expressing self, clarity of speech)

☐ No concerns ☐ Concerns – details:

Social Skills and Play (Interaction and play with peers, underlying play skills and interests)

☐ No concerns ☐ Concerns – details:

Movement Skills (gross and fine motor skills, symmetry)

☐ No concerns ☐ Concerns – details:

Activities of Family Living and Independence (Mealtimes, dressing, toileting, sleep)

☐ No concerns ☐ Concerns – details:

Emotional Wellbeing Skills (Managing emotions + behaviour for age (e.g. escalation, withdrawal, length of time))

☐ No concerns ☐ Concerns – details:

Supporting documentation (please select and attach):

- ☐ Information from school/kindy/childcare ☐ Paediatrician or other specialist reports
☐ Allied Health reports ☐ Other (specify):
☐ Guidance Officer reports

RELEVANT INVESTIGATIONS ► PLEASE ATTACH COPIES

REFERRING DOCTOR [Please complete all sections legibly – incomplete referrals will be returned]

DR surname	DR given name	Provider #	
Hospital	Unit	Department	
Phone	Fax	Pager	
Is anyone else involved in the care of this patient?	Date:	Time:	Signature:

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