Health Hub
KENMORE

Referral enquiries only
Phone: 07 2111 8646
Email: admin@healthhubkenmore.com.au

Specialist referral form

Complete the essentials marked * and attach relevant results. Type into this PDF or print and handwrite.

SEND REFERRALS VIA: Medical-Objects - Health Hub Kenmore | **Fax:** 07 2111 8649 | **Email:** referrals@healthhubkenmore.com.au

REFERRAL

Refer to specialist or service *
Dr Bankole Sotade - General Medicine Physician

Referral date *

Reason for referral and key question *

Priority ☐ Routine ☐ Urgent - please call to discuss

GP referrals default to 12 months unless otherwise stated.

PATIENT DETAILS

Full name *

Date of birth *

Address *

Mobile phone *

Alternative phone

Medicare number

Reference number and expiry

CLINICAL INFORMATION

Relevant history, examination findings and management to date *

Current medicines

Allergies and adverse reactions

Attachments ☐ Pathology ☐ Imaging ☐ Medication list ☐ Correspondence ☐ Other

REFERRING PRACTITIONER

Practitioner name *

Provider number *

Practice name *

Practice phone *

Practice address *

Secure messaging address or preferred reply method

Direct phone

Signature or approved electronic signature *

Date signed *

SEND REFERRAL

Preferred: Medical-Objects - Health Hub Kenmore
Fallback: **Fax:** 07 2111 8649 | **Email:** referrals@healthhubkenmore.com.au

Do not use this form for emergencies. Call 000 or direct the patient to the nearest emergency department.