PATCHES Paediatrics
management@patches-paediatrics.com.au
www.patches-paediatrics.com.au

Paediatric Child Health & Education Services
Healthy Kids Learn Better

General Practitioner Referral Form

GP Details	
Name	
Organisation	
Provider Number	
Phone Number	
Postal Address	

Client Details										
Family Name										
Given Names										
Client known by other names										
Date of Birth					Gender M F					
Ethnicity										
Aboriginal or Torres Strait Islander Australian	Y N									
Medicare Card Number										
IRN (place on card e.g. 3)			Expiry Date							

	Referral Details (Please Tick)
	Autism Spectrum Disorder
	Fetal Alcohol Spectrum Disorder
	Global Developmental Delay
	General Multidisciplinary Developmental Assessment
	Other(please specify)

Brief explanation for referral:

	Please confirm Item Number 721 Has been claimed (CDM attached)
	Please confirm Item Number 723(Team Care Arrangement attached)
GP Signature:	
Date:	

Consent	
Consent for this Referral Provided By	
Relationship to Patient	