

RAPID ACCESS TIA & NEUROLOGY SERVICE
Ph: 02 8425 3546

Referral Form

To be completed by Doctor. Please PRINT clearly in block letters.

ME:

Surname:

Given Names:

Date of Birth:

Please Admit

Mr, Ms, Mrs, Dr, Miss, Master: (Surname)..... (Given Name):

Address:.....

Telephone:: (Home) (Work): (Mobile):

Date of Birth:/...../..... Sex:

Health Insurance Details

Insurance Type: ☐ Private health fund ☐ Third Party ☐ Workers Compensation ☐ DVA ☐ Self Funded ☐ Public

Name of health fund: Type of Cover:

Membership No: Do you have excess? ☐ Yes ☐ No Amount: \$.....

Have you changed your level of insurance cover in the last 12 months? ☐ Yes ☐ No

Serving Member of:..... DVA No: DVA Card Colour:

Fax to: 02 8425 3560

Date faxed:

Patient's best contact number..... Date/Time presented to ED/GP Rooms.....

Referring GP name and address:.....

PLEASE ENSURE THAT IT IS SAFE AND APPROPRIATE TO REFER YOUR PATIENT TO THIS SERVICE AS IT ONLY PROVIDES FOR A DAY ADMISSION

Provision Diagnosis: TIA/Stroke Suspected MS Acute Cranial Nerve Palsy Other (please list)

Presenting symptoms/duration

Past History

Infection Risk: ☐ Yes ☐ No History of MRSA ☐ VRE ☐ Other VTE Risk: ☐ High ☐ Low

CURRENT MEDICATIONS.....

Is the patient taking any oral anticoagulants or antiplatelet medications? ☐ Yes ☐ No If yes, date when ceasing:

History of Diabetes ☐ Yes ☐ No If yes, what type?: ☐ Type 1 ☐ Type 2 Treated by: ☐ Insulin injection ☐ Tablet ☐ Diet

ALLERGIES:

MOBILITY: ☐ Independent ☐ partial assist ☐ full assist

Referring Doctor and Provider Number:

Name: Signature: Date:/...../.....

Address:

Phone: Fax:

PLEASE FAX ANY RELEVANT MEDICAL NOTES, BLOOD RESULTS, MEDICATION CHART ETC TO 02 8425 3560

Booking process

The doctor will fax this referral form to Rapid Access TIA & Neurology Service on 02 8425 3560. Please bring this form with you when you present at North Shore Private Hospital.

North Shore Private Admissions staff will contact you to confirm your admission to our hospital within the next 2 business days. If you have not heard from North Shore Private Hospital within 2 business days, or you wish to change your current appointment, please call 02 8425 3546. This Service will operate Monday to Friday.

Billing

Our Doctors currently charge a Gap payment. If you are being referred as an outpatient, this will attract a consultation fee, which is not covered by the private health funds. A schedule of these fees is available from us on request.

Admission process

Please present to the North Shore Private reception desk on the ground floor foyer (entry from Westbourne Street) at 7:00am. You need to be fasting from food and drink from 12 midnight prior to your admission day. If you need to take your medications, please take them with a sip of water. This excludes medication for diabetes, which should be withheld until after you are admitted to North Shore Private Hospital. Please bring this medication with you to the hospital as you will need to take it once you are advised that you no longer need to be fasting.

You will be provided with breakfast and lunch. You will have several tests during the day and it is anticipated that you will be discharged by approx. 4:30pm, unless any test result requires you to stay in longer for urgent treatment.

During your admission your specialist will attend to you and provide you with the opportunity to discuss all relevant health issues. You will be given a comprehensive treatment plan on discharge.

NORTH SHORE PRIVATE HOSPITAL

North Shore Private Hospital Rapid Access & Neurology Service

Suite 7, Level 3

North Shore Private Hospital

3 Westbourne Street

St Leonards NSW 2065

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Fax: 02 8425 3560

Email:

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