



MILDURA BASE
PUBLIC HOSPITAL

Outpatient Referral

Referral Date: / /

Referral to:

Ambulatory Services, Mildura Base Public Hospital

PO Box 620, Mildura, Victoria, 3500

Phone: 03 5022 3250

Fax: 03 5022 3207

Email: alliedhealthadmin@mbph.org.au

Referring General Practitioner (stamp):

Patient details:

Name:

Address:

Date of Birth: / /

Preferred name/s:

Phone:

Work:

Sex: ☐ Male ☐ Female Other

Mobile:

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Email:

Alternative Contact:

Indigenous Status:

Required Clinic:

Reason for Patient Referral:

Other notes (e.g. current services):

Interpreter required:

DVA Number:

Preferred language is:

Insurance:

Pension Card Number:

Medicare Number:

Consent to referral and sharing of relevant information: ☐ Yes ☐ No

Attach 'Patient Consent Form' if restrictions apply.

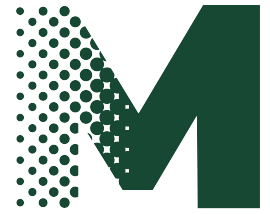
Referring doctor:

Patient name:

Date: / /

Page 1 of 2

Outpatient Referral



MILDURA BASE
PUBLIC HOSPITAL

Clinical information:

Warnings:

Allergies:

Current Medication:

Drug name	Strength	Dose	Frequency

Social History:

Past Medical History:

Investigation / Test Results: Please attach

Please fax or email this referral to Mildura Base Public Hospital - Ambulatory Services: 03 5022 3207 / alliedhealthadmin@mbph.org.au.

Please note that the absence of required information may lead to delays in processing the referral and subsequent appointment allocation.

Referring doctor:

Patient name:

Date: / /

Page 2 of 2