Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

REFERRAL FORM

Referral Management
Enquiries: +61 3 03 8559 5021
Fax: +61 3 8559 7371
Email: referrals@petermac.org

Patient Details

Last name:		Date of Referral:
First Name:		Country of birth:
DOB:	Sex:	Marital Status:
Contact number:		Residential address:
Email address:		

Is the patient eligible for Medicare? ☐Yes ☐No ☐Medicare number if applicable:

Does the patient require an interpreter? ☐Yes ☐No ☐Language if applicable:

Is the patient of Aboriginal or Torres Strait Islander descent? ☐Yes, Aboriginal ☐Yes, Torres Strait Islander ☐ Yes, both ☐ No

Referring Doctor Details:

Name:

Provider number:

Practice phone number:

Practice fax number:

Signature:

Practice name:

Practice address:

Referral validity period ☐3 months (Medical Specialist) ☐12 Months ☐Indefinite (GP only)

Please select the clinician/s you wish to refer the patient to from the table below:

☐ **All Oncology and Haematology Services** (Danny Rischin, Alexander Heriot, Gerry Hanna, John Seymour)
Peter Mac Offers multidisciplinary care. This option is preferred.

☐ **Medical Oncology** – Danny Rischin

☐ **Radiation Oncology** – Gerry Hanna

☐ **Surgical Oncology** – Alexander Heriot

☐ **Haematology** – John Seymour

☐ **Other Clinician (Please Specify)** _____

Preferred Campus (Radiation Oncology Only)

☐ **Bendigo** ☐ **Box Hill** ☐ **Moorabbin** ☐ **Parkville** ☐ **Sunshine**

Please include details of the reason for referral in the space provided on Page 2

Sign completed referral forms and fax to (03) 8559 7371 or email referrals@petermac.org

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Patient Name: **DOB:**

Reason For Referral

Is this referral for a second opinion? ☐Yes ☐No

Relevant investigations/attachments forwarded with this referral: *Please tick relevant boxes*

☐ **Relevant blood and microbiology results**
☐ **Histopathology report**
☐ **Diagnostic Imaging**
☐ **Operation/Scope notes**
☐ **Other (please specify):**

Past Medical History: *please include details of any previous cancer treatment*

Current Medications:

Allergies:

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