

Medical Outpatients Department

C Block Level 1, Nepean Hospital
Cnr Derby and Somerset St, Kingswood NSW 2747
Ph: 4734 2352 (Option 1)
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NBMLHD-Medicalreferrals@health.nsw.gov.au



Nepean Blue Mountains
Local Health District

SECTION 1: Specialists available in this department:

Gastroenterology	<input type="checkbox"/> Prof Martin Weltman <input type="checkbox"/> Dr Jamshid Kalantar	<input type="checkbox"/> Dr Calvin Chan <input type="checkbox"/> Dr Xian-Jun Mah	<input type="checkbox"/> Dr Jeff Chang <input type="checkbox"/> Dr Rahim Daneshjoo
Inflammatory Bowel Disease	<input type="checkbox"/> Dr Jeff Chang		
Fibro scan	<input type="checkbox"/> Prof Martin Weltman		
Liver High Risk	<input type="checkbox"/> Prof Martin Weltman	<input type="checkbox"/> Dr Jeff Chang	
Neurology	<input type="checkbox"/> Dr Salman Khan <input type="checkbox"/> Dr Mohammad Amin	<input type="checkbox"/> Dr Jessica Qiu <input type="checkbox"/> Dr Jerome Ip	<input type="checkbox"/> Dr Manori Wijayath (Epilepsy)
Respiratory	<input type="checkbox"/> Dr Monica Comsa <input type="checkbox"/> Dr Devesh Thakkar	<input type="checkbox"/> Dr Benjamin Gerhardy <input type="checkbox"/> Dr Archit Chawla	<input type="checkbox"/> Dr Mohammad Ali Tahir
Respiratory Testing	<input type="checkbox"/> Dr Monica Comsa		
Infectious Diseases	<input type="checkbox"/> Dr James Branley <input type="checkbox"/> Dr Zoe Jennings	<input type="checkbox"/> Prof Archana Sud <input type="checkbox"/> Dr Christopher Swan	<input type="checkbox"/> Dr Michael Findlay <input type="checkbox"/> Dr Vidthiya Menon <input type="checkbox"/> Dr Archana Koirala (Paediatric)
Immunology	<input type="checkbox"/> Dr Pei Dei	<input type="checkbox"/> Dr Helena Jang	
Endocrinology (not for diabetes/obesity referrals)	<input type="checkbox"/> A/Prof Emily Hibbert <input type="checkbox"/> Dr Ravind Pandher	<input type="checkbox"/> Dr Kathryn Williams	<input type="checkbox"/> Dr Matthew Luttrell

All our SPECIALISTS bulk bill directly to Medicare

SECTION 2: Registrar Clinic:

<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Immunology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Infectious Diseases	
Nurse Clinic:	<input type="checkbox"/> Liver	<input type="checkbox"/> DACC (Direct Access Colonoscopy Clinic)	

SECTION 3: Patient Details

Name: _____ Date of Birth: ____/____/____
Address: _____
Phone: _____ Previous Surname/s: _____
Medicare No.: _____ Parent/Carer Name: _____

SECTION 4: Clinical Information

Please specify presenting problem below or attach relevant medical history, pathology and scanning to this referral.

SECTION 5: Referring Doctor

Name/Provider Number: _____
Practice: _____
Date: ____/____/____ Signature: _____

SECTION 6: Triage HOSPITAL USE ONLY

Doctor: _____ Clinic: _____
For: Consultant Registrar/Resident
Category: 1 (30 days) 2 (<90 days) 3 (365 days) Appointment time: 15 mins 30 mins 45 mins
Additional Investigation: Informed Patient:
Comments: _____
Sign: _____ Date: ____/____/____