Health
Nepean Blue Mountains
Local Health District

Facility:Nepean Hospital

ENT SURGICAL OUTPATIENTS DEPARTMENT REFERRAL

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Level 2 East Block, Nepean Hospital
Cnr Derby and Somerset Streets Kingswood NSW 2747
Ph: 4734 1763 (Option 2) Fax: 4734 1283 (Preferred) or NBMLHD-SurgicalReferrals@health.nsw.gov.au

SECTION 1: Specialists available in this department:

Complex Head & Neck / Thyroid / Swallow / Speech	☐ Dr Niranjan Sritharan ☐ Professor Faruque Riffat ☐ Dr Mark Smith ☐ Dr Anand Suruliraj
Complex Otology / Vestibular	☐ Dr Vanaja Sivapathasingam ☐ Dr Jennifer Lee
Complex Paediatrics	☐ Dr Georgina King ☐ Dr Suchitra Paramaesvaran
Complex Rhinology	☐ Dr Dilshard Soodin ☐ Dr Niranjan Sritharan ☐ Dr Anand Suruliraj
General Clinic	☐ Complex Head & Neck / Thyroid / Swallow / Speech ☐ Complex Otology / Vestibular ☐ Complex Paediatrics ☐ Complex Rhinology

SECTION 2: Patient Details

Name: _____ Date of birth: ____ / ____ / ____

Address: _____

Phone: _____ Previous Surname/s: _____

Medicare No: _____ Parent/Carer Name: _____

Aboriginal / Torres Strait Islander ☐ Yes ☐ No Needs Interpreter ☐ Yes ☐ No Language: _____

SECTION 3: Clinical Information

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

Relevant Diagnostic results & report attached: ☐ CT/MRI ☐ FNA ☐ PET ☐ U/S ☐ AUDIOGRAM

SECTION 4: Referring Doctor

☐ Referral Valid for 12 months

Name/Provider Number: _____

Practice: _____

Signature: _____ Date: ____ / ____ / ____

SECTION 5: Triage *HOSPITAL USE ONLY*

Doctor: _____ Clinic: _____

For: ☐ Consultant ☐ Registrar

Category: ☐ 1 (30 days) ☐ 2 (<90 days) ☐ 3 (365 days) Appointment time: ☐ 30 mins

☐ Additional Investigation ☐ Informed Patient

Comments: _____

Name: _____ Designation: _____

Sign: _____ Date: ____ / ____ / ____

030222

NO WRITING

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