Health
Nepean Blue Mountains
Local Health District

Facility:Nepean Hospital

UROLOGY 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:

Urology prostate ☐ Prof Mohamed Khadra

General Clinic ☐ Urology Prostate

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.

Prior to attending clinic tests please complete all: ☐ PSA ☐ UEC ☐ MSU ☐ Renal and bladder ultrasound

SECTION 4: Referring Doctor

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: ☐ 15 mins ☐ 30 mins ☐ 45 mins

☐ Additional Investigation ☐ Informed Patient

Comments: _____

Name: _____ Designation: _____

Sign: _____ Date: ____ / ____ / ____

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

171222

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NBMA-078