Nepean Blue Mountains Local Health District

Facility: BLUE MOUNTAINS

OUTPATIENT 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	

Blue Mountains District ANZAC Memorial Hospital
Woodlands Rd Katoomba NSW 2750
Ph:4784 6552 Fax:4784 6983 Email: *NBMLHD-BMTDH-OutpatientClinics@health.nsw.gov.au*

Specialties available in this department:

Endocrinology	☐ Dr Ravind Pandher	☐ Diabetic Dietitian		
Gastroenterology	☐ Dr Deniz Durmush			
General Surgery	☐ Dr Daniel Vagg	☐ Dr Andrew Ling		
Geriatrics	☐ Dr Karen Fernandez	☐ Dr Khin Thu		
Gynaecology/ Colposcopy	☐ Dr Merecedes Espada Vaquero	☐ Colposcopy Clinic		
Head/Neck/Skin	☐ Dr Hsiang Chung			
Neurology	☐ Dr Angelo Jayamanne			
Paediatrics	☐ Dr Habib Bhurawala	☐ Dr Sowmya Gandham	☐ Dr Phyllis Bogopa	
Respiratory	☐ Dr Wajid Ahmad	☐ LFT	☐ Spirometry	
Rehab	☐ Dr Saba Asif	☐ Dr Cristina Ciucanu		
Renal	☐ Dr Bhadran Bose	☐ Dr Nikki Wong		
General Clinic: ☐ Cardiology ☐ Endocrinology	☐ Gastroenterology ☐ General Surgery ☐ Gynaecology	☐ Head/Neck/Skin ☐ Neurology ☐ Paediatrics	☐ Respiratory ☐ Rehab ☐ Renal	☐ Wound Clinic

Cardiology: Ph: 4784 6535 Fax: 4784 6983 Email: *NBMLHD-BMDAMH-CardiacOutpatients@health.nsw.gov.au*

☐ Dr Pavan Chandrala Consultation ☐ Exercise stress test ☐ Echocardiogram ☐ Stress Echocardiogram
☐ 24 hr Blood Pressure Monitor ☐ 24 hr Holter Monitor ☐ Cardiac Rehabilitation ☐ ECG

Patient Detail:

Name _____ Date Of Birth _____ / _____ / _____

Address _____

Phone _____ Previous Surname/s _____

Medicare No. _____ Parent/Carer Name _____

Presenting Problems/Urgency:

_____

_____

_____

Significant Results: ☐ Hep B ☐ Hep C ☐ FOBT Positive

Bloods/Pathology/Pending: _____

_____

_____

Medical History/Current Medications:

_____

_____

Observations:

BP _____ at _____ Weight _____

Height _____ BMI _____

Referring Doctors Detail:

Name: _____ Provider Number: _____

Practice: _____ Phone: _____ Fax: _____

Date of referral: _____ Signature: _____

Please attach copies of relevant pathology, medical history, current medications and scanning to this referral

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

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NBMHR-0218

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