



Government of South Australia

SA Health

**SALHN GP PLUS
RESPIRATORY REFERRAL
OUT OF HOSPITAL
SERVICES
(MR-RRH)**

Facility/Site:

SA Health UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex/Gender

Referrals can be faxed to Fax: (08) 8164 9199 Phone enquiries can be directed to Phone: (08) 8164 9853
 Referrals can be emailed to: Health.SALHNGPPlusRespiratoryOutofHospitalServices@sa.gov.au
 (for HERRO and Pulmonary Rehabilitation please complete referral form available on the Intranet)

SERVICE REQUESTED

Airway Clearance
Respiratory Nurse

Respiratory Physiotherapy (Neuromuscular)
Speech Pathology

PATIENT DETAILS

Address			
Preferred phone		Alternative phone	
Medicare number		Expiry date	
Is the patient of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No, neither	<input type="checkbox"/> Yes, Torres Strait Islander	
	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, both	

REFERRER INFORMATION

Referrer's name		Position/Discipline	
Practice / Organisation		Phone	
Email		Date	

REFERRAL INFORMATION

Primary diagnosis	
Relevant past medical history	
Allergies	
Current medications	
Referral request / presenting problem	(Situation / background / assessment and recommendations)

Please attach any relevant results (PFTs, imaging), medication lists, discharge summaries and/or clinic correspondence



SLNINCO00590

RESPIRATORY OUT OF HOSPITAL SERVICE REFERRAL MR-RRH