

MonashHealth

- | | |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Moorabbin Hospital |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Affix Patient Identification Label

Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Address:



**I
D
E
N
T
I
T
Y**

Interpreter Required Yes No Language:.....

REQUESTED BY
 Name
 Unit/Department.....
 Designation - Consultant/Registrar/Resident/Midwife
 Pager No / Tel:.....

CONSULTATION BY

Provider Number:

**S
I
T
U
A
T
I
O
N**

MAIN PROBLEM, DURATION, SEVERITY

URGENCY
 Urgent - Within 4 hours
 Non urgent - Within 24 hours
 Elective - Within 48 hours

**B
A
C
K
G
R
O
U
N
D**

BACKGROUND (Brief History/Investigations)

**A
S
S
E
S
S
M
E
N
T**

PROVISIONAL AND DIFFERENTIAL DIAGNOSIS

**R
E
Q
U
E
S
T**

- Request Review by Consultant only Consultant or Registrar
- Request for OPINION TRANSFER JOINT CARE PROCEDURE

Signature Print Name Date

CONSULTATION AND MEDICAL REFERRAL

MRI01

MonashHealth

- | | |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Moorabbin Hospital |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Affix Patient Identification Label

Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Address:

CONSULTATION/OPINION

Name of Consultant/Registrar giving opinion

Department..... Date and Time.....

Phone Pager.....

ASSESSMENT

Large empty box for assessment notes.

RECOMMENDATION

Large empty box for recommendation notes.

Signature Print Name Date

CONSULTATION AND MEDICAL REFERRAL

MRI01