

**FAIRFIELD HOSPITAL
HAND CENTRE REFERRAL**
Please fax completed forms to 02 9616 8715



This form must be completed for all patients referred to the Hand Centre

Hand Centre Location: Back of main block
Fairfield Hospital
Corner of Polding Rd & Prairievale St,
Prairiewood, NSW, 2176

Appointments only.
There is no "walk-in" service

Urgent (within 7 days as clinically indicated)
NOTE: It is the responsibility of the referring medical officer to ensure an appointment is allocated for the patient.

Discuss with Hand Registrar/Fellow on-call 02 9616 8111

Appointments details: Date - ... / ... / ... Time -

Waitlist/non-urgent consult

Patient details (write or attach the patients' addressograph label, with the referring facility MRN included)

Name:

Contact phone number (essential):

Alternate Contact phone number:

Address (within South Western Sydney ONLY – excludes Bankstown region):

Date of Birth:

Medicare Number:

Discussed with (if applicable, however, please note that URGENT referrals require discussion with the Hand team to determine appointment date):

(Name of Hand Registrar / Fellow/ VMO Surgeon)

Diagnosis/relevant history:.....

Date of injury: **Date of referral:**

Treatment implemented (eg: splint, xray, Nerve conduction studies, ultrasound, MRI):

Notes/Discharge summary/Reports attached. Number of pages:

Current medications:

Patients language spoken at home:

Requires an interpreter? Yes No **Preferred language:**

Please ask the patient to bring all relevant x-rays, imaging and reports to their clinic appointment

Please inform 'waitlist' patients that the Hand Centre will contact them with appointment details when an appointment is allocated

Referring Doctor: Signature Print Name

Provider Number: **Phone Number:**

Referring Medical Centre/Hospital & Department: