CABRINI WOMEN'S MENTAL HEALTH REFERRAL

2-6 Hopetoun St, Elsternwick VIC 3185 Ph: (03) 9508 5100 Email: wmh@cabrini.com.au

PATIENT DETAILS

Client's name:	DOB:
Phone number:	Aboriginal or Torres Strait Islander? ☐ Yes ☐ No
Email address:	
Address:	
	Postcode:
Health fund details:	Member number:
Medicare number:	Exp. date:
Client's number on Medicare card:	

NEXT OF KIN DETAILS

Name:	Phone number:
Name:	Phone number:
Relationship to client:	

REFERRING PSYCHIATRIST/GP DETAILS

Name:	Phone number:
Practice details:	
Referrer signature:	Provider number:

REASON FOR ADMISSION

Has the patient been admitted to a private facility in the last seven days? ☐ Yes ☐ No

Details:

PAST HISTORY

- Psychiatric history (diagnoses, medications etc.)
- Medical history

ANY OTHER RELEVANT DETAILS

Pre-Admission Investigations:

Please ensure the following tests are completed and forwarded to our intake team:
FBE, EUC, TFT, LFT, HbA1c, Lipid studies, CMP, TSH, CRP, Vit D, B12, Zinc, Iron Studies, Folate & ECG.

OFFICE USE ONLY

Date of initial contact:

Cabrini staff member receiving referral:

For any queries or referrals please contact:

Ph: (03) 9508 5100

Email: wmh@cabrini.com.au

Cabrini