



Royal Brisbane & Women's Hospital

# QUEENSLAND RENAL GENETICS CLINIC REFERRAL FORM

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Address:

Contact number:

Date of Birth:

Sex:  M  F  I

Please tick all:

Dr Chirag Patel

Genetic Health QLD

Dr Andrew Mallett

Adult Nephrology (RBWH)

Dr Peter Trnka

Paediatric Nephrology (LCCH)

*Referral summary letters are also welcome. Please address to ALL doctors above.*

**Complete all sections, sign and send to Genetic Health Queensland:**

**Fax: 07 3646 1987 / E-Mail: [GHQ@health.qld.gov.au](mailto:GHQ@health.qld.gov.au)**

**Post: GENETIC HEALTH QUEENSLAND, Royal Brisbane and Women's Hospital,  
Butterfield Street, HERSTON QLD 4029**

**For urgent referrals or questions please contact the on-call team: 07 3646 1686**

Patient/family aware of referral

Consultant / Speciality:

Translator required

Referring Doctor:

Language:

Provider Number:

Urgent (*indication*):

Contact Number:

Address:

Non-Urgent

### Clinical information:

Diagnosis and relevant family history:

*Please include all relevant investigations:*

- Renal function
- Urinary studies
- Renal imaging (USS/CT/MRI)
- Renal biopsy

Reason for referral:

Doctor's Name:

Designation:

Signature:

Date:

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All clinical form creation and amendments must be conducted through Health Information Services

MR 61403

V1.00 - 07/2016

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