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A UNSW School of Clinical Medicine Teaching Practice

NSW Health Referral for Consultation / Trial of Void (circle)

Facility:

Ward:

Patient Sticker

Medicare Number:

Presenting Problem:

Relevant History:

Medications:

Tamsulosin/DuoDart: Yes / No

Volume of Urine Drained (if catheterised):

Discussed with Urologist or Urology Registrar: Yes / No

Referring Doctor

This referral must be signed by a Medical Officer to be valid, otherwise the patient will need to obtain a referral via their usual GP.

Name:

Signature:

Provider No:

Date:

Please fax this form to (02) 5520 2220 or email to info@churchillurology.com and advise the patient to call (02) 5520 2222 on the next business day.

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