



Wide Bay Hospital and Health Service

Medical Ambulatory Care Service Referral

Hervey Bay Maryborough

(Affix identification label here)

URN:

Family Name:

Given Name(s):

Address:

Date of Birth:

Sex

M

F

I

Referring Consultant / ; YbYfU`DfUW]hcbYf :

Signature:

Pager/Phone:

Provider No:

Date:

Reason for Referral:

Diagnosis:

Relevant Clinical History:

Current Treatment and Medications:

Relevant Investigations (When requesting Iron Transfusions please attach FBC and Iron Studies results) :

Medical Ambulatory Care Service - Action Plan

(Completed by Physician following SOPD Review)

Signed:

Contact Number:

- Incomplete forms will not be accepted, ensure all sections are completed.
- Electronic Referrals Preferred

Send all Referrals to: **Email:** FC_SOPD@health.qld.gov.au

Fax: (07) 4325 6638

Office Use Only:

Patient contacted:

Yes

No

Appointment Date & Time:

DO NOT WRITE IN THIS BINDING MARGIN

MEDICAL AMBULATORY CARE SERVICE REFERRAL

v0.1 - 08/2017

MACS accept referrals for:

- Haematological conditions
 - o Immunoglobulin infusion
 - o Iron infusion
 - o Blood and blood product transfusions
 - o Difficult venesection
- Osteoporosis
 - o Bisphosphonate infusions
- Investigations
 - o Bone marrow aspirate and Trepine
 - o Lumbar puncture
 - o Ascitic tap and drain
- Other conditions by discussion