**Respiratory Clinic Referral Form**

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| **Available** | **Location** | **Address** | **Phone** | **Fax:** |
| **Open Now**  Mon - Fri 12:30pm - 4:30pm | **Bathurst** | Ochre Health Bathurst  Building 1470 CSU, Panorama Ave | 02 6331 9444 | 02 6332 1962 |
| **Open - TBC** | **Broken Hill** | TBC | TBC | TBC |
| **Open Now**  Mon – Wed 9am – 1pm  Thurs 1pm – 5pm | **Cobar** | Cobar Primary Health Care Centre  24 Harcourt Street, Cobar | 02 6836 5000 | 02 6836 1274 |
| **Open TBC** | **Cowra** | Cowra Medical Associates  165 - 169 Kendal Street, Cowra | 02 6341 1400 | 02 6341 1400 |
| **Open Now**  Mon – Fri 8:30am - 1pm  2pm - 5pm | **Dubbo** | Dubbo Medical & Allied Health Group  183 Brisbane Street, Dubbo | 02 6815 9900  Option 1 | 02 6884 4176 |
| **Opens 13th May**  Mon - Sun 9am – 1pm | **Mudgee** | South Mudgee Surgery  11 Nicholson Street | 0417 072 652 | 02 6372 6617 |
| **Open - TBC** | **Orange** | Bloomfield Medical Group  1521 Forest Rd, Orange | 02 5335 6666 | TBC |

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| |  | | --- | | **PATIENT DETAILS** | |  | | Patient Name: | | Previous Name: | | Medicare No: | | DOB: | | Gender: M  F | | Address: | | Phone (h): | | Mobile: | | Alternate Contact: | |  | |  | | --- | | Referrers Name: | | Provider No: | | Practice Address: | | Phone:  Fax: | | Usual GP if not referrer: | |  |   **Date of Referral:**  **Reason for Referral**:  Consideration of COVID-19  screening test |

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| **Referral Details:**  Pre-referral information available at [Western NSW PHN](https://www.wnswphn.org.au/coronavirus/gp_information) |
| **Refer to latest COVID-19 alert (faxstream)**  1)<https://www.health.nsw.gov.au/Infectious/covid-19>  If your patient meets the COVID-19 testing criteria, does the patient have:   |  |  | | --- | --- | | **A fever (or history of fever) OR acute respiratory infection?** | Yes  No |     **FOR PATIENTS WHO HAVE MODERATE-SEVERE ILLNESS AND REQUIRE HOSPITAL ASSESSMENT. PLEASE REFER TO YOUR LOCAL EMERGENCY DEPARTMENT AFTER RINGING THE ED MOIC**  **FOR PATIENTS WHO DO NOT MEET THE CURRENT TESTING CRITERA DO NOT REFER TO THE RESPIRATORY CLNIC FOR TESTING.** |
| **Signed**:       **Date**: |
| **Interpreter Required**: Yes  **Language**: |