wound innovations

Referral Form

Referrals will be triaged by a member of the clinical team.

Phone: 1300 WOUNDS (1300 968 637) Fax: 07 3059 6030

*Required Fields. Incomplete or insufficient information will delay the timely processing of referrals.

This appointment is a referral for:

Referral to Dr John Bingley via Spring Hill Clinic* Referral to Dr John Bingley via Telehealth*

Patient Information

Title: Family Name*: Given Name*:

DOB*: dd/mm/yyyy Gender*: ☐ Female ☐ Male ☐ Other

Address*:

Suburb*: State: Postcode:

Email address:

Preferred contact number*:

Referrer Details

Date of referral*: dd/mm/yyyy Name*: Provider No*.:

Phone*: Fax: Signature*:

Address:

Suburb*: State: Postcode:

Clinical Information

Problem(s) for review

Relevant medical history:

Current medications and relevant investigations:

Allergies or relevant clinical alerts:

How did you find out about us? (please write below)

Would you like to receive further information on Wound Innovations? (✓) Please tick

☐ Yes. I wish to receive regular updates from Wound Innovations including newsletters and information about other services available.

☐ No. I do not wish to receive further information