



Central Sydney Area Health Service

Drug Health Services

**How to refer**

- Step 1: GP to fax form to Central Intake Officer 9515 8970
- Step 2: Patient to phone Central Intake Officer to make an appointment 9515 6311

Patient name:		Date of birth:	
Address:			
Referring GP:		Provider no:	
Address:			
Fax:		Phone:	
Email:		Mobile:	
GP preferred involvement:	Shared Care	<input type="checkbox"/>	
	GP as Case Coordinator	<input type="checkbox"/>	
	General health care only	<input type="checkbox"/>	
	DHS to take over care	<input type="checkbox"/>	
GP preferred Service feedback:	Phone call	<input type="checkbox"/>	
	Letter	<input type="checkbox"/>	
	Fax	<input type="checkbox"/>	
Does patient require an Interpreter?	Yes /No	Language:	
Presenting problem:			
Relevant history / current substance use:			
<b>Treatment required:</b>		<b>Medical Consultation:</b>	
<input type="checkbox"/> Counselling		<b>Addiction Medicine</b>	
<input type="checkbox"/> Withdrawal management		<input type="checkbox"/> A/Prof K Conigrave MBBS(Hons) FChAM, FAFPHM, PhD <i>(RPAH / Concord hospitals)</i>	
<input type="checkbox"/> Drugs in Pregnancy service		<input type="checkbox"/> Dr K Curry MBBS(Hons) FChAM <i>(Canterbury CHC)</i>	
<input type="checkbox"/> Opioid maintenance pharmacotherapy		<b>Addiction Psychiatry</b>	
<input type="checkbox"/> Residential rehabilitation		<input type="checkbox"/> Dr J Ferguson BMed FRANZCP FChAM <i>(Concord Hosp)</i>	
<input type="checkbox"/> Smoker's clinic		<input type="checkbox"/> Dr S Theodorou MBBS MRCPsych FRANZCP FChAM <i>(RPAH / Concord)</i>	
		<b>Physician</b>	
		<input type="checkbox"/> A/Prof P Haber MBBS(Hons) MD FRACP FChAM <i>(RPAH)</i>	
Current medication/s:			
Known allergies:			
<b>(Drug Health Service use only)</b>			
Date feedback forwarded to GP: ___ / ___ / ___		Clinician Name:	

**Patient Consent**

I give permission for the exchange of information between my GP and Drug Health Services unless otherwise specified

Patient's

Signature..... GP's Signature ..... Date / /