Occupational Dermatology
Research and Education Centre

80 Drummond Street
Carlton Vic 3053
Ph: 9623 9402
Fax: 9639 3575

REFERRAL FORM — FAX TO 9639 3575

Occupational Dermatology Clinic

Referring Person: ______________________ Date: ____________

Please fill in referrer's details if this is the first referral to this clinic:

Provider No: ____________________ Phone: __________ Fax: ______________

Address: ____

Patient Details

Last Name: __________________ First Name: __________________ Middle Initial ___

Date of Birth: __________________ M F

Address: ____

______________________________________ Postcode: __________

Medicare number: ____________________ PRN __________ Exp __________

Health Care/Pension Card number ______________________ Exp __________

Home phone: ________________ Mobile: ________________

Work phone: ________________ Wk fax: ________________

Occupation: ____

Industry type: ____

Workplace name: ____

Address: ____

______________________________________ Postcode: __________

Work contact person: ____________________ Phone: ________________

WorkCover Status: Not applied ☐ Applied ☐ Accepted ☐ Denied ☐

Insurance company: ____________________ Claim number: ______________

Address: ____

Description of skin problem: ____

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Treatment and advice to this point: ____

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Office use only:

Appointments arranged & entered on CAMS ☐ **Brochure sent:** ☐