

Antibiotic Allergy Clinic St George Hospital

Department of Infectious Diseases and Immunology 2 South St, Kogarah NSW 2217 Fax: (02) 9113 4058 Email: <u>SESLHD-SGH-Allergy@health.nsw.gov.au</u>

Clinician referring to:

Dr Richard Sullivan Infectious Disease Physician

Professor Steven Krilis Infectious Disease / Immunology Physician

Patient Details and Communications						
PATIENT SURNAME:			FIRST	NAME:		
TITLE:	DOB:	GENDER:				
ADDRESS:			HOME CONTACT:			
		MOBILE CONTACT:		NTACT:		
EMAIL:					INTERPRETER REQUIRED:	
COMMUNICATION PREFE	RENCE: Email	SMS	Phone	9	LANGUAGE / DIALECT:	
IDENTIFIES AS ABORIGINAL / TORRES STRAIT ISLANDER ORIGIN:						
Non-Medicare Workco	over DVA	Medicare		MEDICARE NO.		
IF THE PATIENT HAS A CARER:						
(Name) (Telephone))		(Email details)	
SPECIALS NEEDS / REASONABLE ADJUSTMENTS FOR DISABILITY: (specify)						

Patient	Healthcare	e Details	

NAME OF GP: (If not referrer)	GP PROVIDER NO: (If not referrer)	

CLINICAL INFORMATION / REASON FOR REFERRAL: Please attach relevant investigations, current medications, antibiotic allergy history and clinical history to prevent any triage delays. Please also include any patient risk factors.

	Referring Clinician Details		
REFERRING DR:	PROVIDER NO.	DATE:	
ADDRESS:			
TELEPHONE:	FAX:	SIGNATURE:	

Please be aware that some clinics have extensive waiting lists.

This form can be downloaded from the CESPHN Website under 'Templates'