

Pancreatic Cancer Referral Form



Patient details

Name: _____

UR (if an existing Epworth patient): _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Gender: _____ DOB: / / _____

Medicare card number: _____ Expiry date: / / _____

Health fund: Yes No Name of fund: _____ Membership number: _____

Department of Veteran Affairs: Gold White Membership number: _____

Please select your patient's preferred Epworth location/s:

Epworth Eastern (Box Hill) Epworth Freemasons (East Melbourne)

Epworth Geelong Epworth Richmond

Next of kin details

Name: _____

Telephone: _____ Relationship to patient: _____

Referrer details

Name: _____ Provider number: _____

Specialist GP Clinic name: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____

Email: _____

Pancreatic Cancer Referral Form



Reason for referral

- Suspected pancreatic cancer/investigations Second opinion Treatment Clinical trial

Additional information:

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Medical information

Imaging results:

CT:

EUS:

MRI:

Other:

Please attach any relevant correspondence, imaging, histology or pathology results with this referral.

Details of relevant past medical history, current medications and allergies:

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Other additional information:

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Referrer to sign here

Signature:

Date: ____ / ____ / ____

Please email your referral form to our pancreatic nurse coordinator at EHJreissatiCentre@epworth.org.au

Jreissati Family Pancreatic Centre at Epworth

Suite G4, 173 Lennox Street, Richmond VIC 3121

Phone 03 9426 8880

Email EHJreissatiCentre@epworth.org.au

www.epworth.org.au/jreissaticentre