WYNDHAM CLINIC

Patient's Name: _____

DOB: _____

Contact Number: _____

To be filled in by referring GP or Physician	
Detailed referral letter describing need for AOD admission to be included	
Medical conditions	
Acute: Does the referred person have any acute condition needing medical intervention?	Yes / No
Chronic: Does the referred person have any chronic medical condition needing regular monitoring?	Yes / No
Does the referred person need any regular medications?	Yes / No
List the medications and prescribed dose medications unless mentioned on GP referral: (Please include any recent change of medication)	
Is the referred person currently receiving opiate replacement therapy?	Yes/No
If yes, please provide: Prescriber/Permit holder details:	
Pharmacy details:	

WYNDHAM CLINIC

Patient Name: Date of Birth: Patient Address:	
If patient is treated for Diabetes please give details of diabetic management plan.	
Follow up and scheduled Appointments	
Follow up appointment with GP (To be booked prior to admission to the program)	Date of appointment:
Any scheduled medical appointments during the admission to Wyndham Private (Please reschedule the non-urgent appointments)	Date of appointment:

Investigations:

To be ordered prior to the admission and reviewed by admitting Psychiatrist.

FBE, LFT, U&E,

TFT

Hep B, Hep C

Clotting profile – if recent evidence of significantly altered LFT

ECG

Any scheduled investigations during the admission to Wyndham Private
(Please reschedule the non-urgent appointments)

Date: _____

Practitioner Name: _____

Signature & Provider Number: _____