

THS Respiratory Clinic Referral Form

Clinic Location (please circle and fax to appropriate clinic)

| Clinic | Open hrs | Fax number |
|-------------------------|-----------------|--------------|
| Hobart | 8:00am - 3:30pm | 03 6173 0842 |
| Launceston | 8:30am - 4:00pm | 03 6173 0842 |
| Burnie / East Devonport | 8:30am – 3:30pm | 03 6173 0842 |



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| <p>PATIENT DETAILS (optional fields*)</p> <p>*THCI</p> <p>Patient Name:</p> <p>Previous Name:</p> <p>Medicare No:</p> <p>DOB:</p> <p>Gender: M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address:</p> <p>Phone (h):</p> <p>Mobile:</p> <p>Alternate Contact:</p> | |
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|--|--|
| <p>Referrers Name:</p> <p>Provider No:</p> <p>Practice Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Usual GP if not referrer:</p> | <p>Date of Referral:</p> <p>Reason for Referral:</p> <p>Consideration of COVID-19 screening test</p> |
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Referral Details: Pre-referral information available at: [Tasmanian HealthPathways](https://www.health.tas.gov.au/healthpathways)

Refer to latest COVID-19 alert (faxstream)

1) <https://www.coronavirus.tas.gov.au/resources>

2) Under 'For health professionals >'

3) Click on 'Primary Care Update'

If your patient meets the COVID-19 testing criteria, does the patient have:

| | |
|--|--|
| A fever (or history of fever) OR acute respiratory infection? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

FOR PATIENTS WHO HAVE MODERATE-SEVERE ILLNESS AND REQUIRE HOSPITAL ASSESSMENT. PLEASE REFER TO YOUR LOCAL EMERGENCY DEPARTMENT AFTER RINGING THE ED MOIC

FOR PATIENTS WHO DO NOT MEET THE CURRENT TESTING CRITERIA DO NOT REFER TO THE RESPIRATORY CLINIC FOR TESTING.

Signed: _____ **Date:** _____

Interpreter Required: Yes **Language:** _____