

Eating Disorders | Exercise Physiology | Nutrition and Dietetics | Optometry Podiatry | Psychology and Counselling

Queensland University of Technology

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www.healthclinics.qut.edu.au

QUT HEALTH CLINICS – REFERRAL FORM	
Date Ref	ferring Clinic/Practice
REFERRER DETAILS	
Name	Electronic Signature
Address	Provider No.
Phone	Fax
PATIENT CONTACT DE	TAILS
Title Surname	Given Name
Address	
Phone (H)	(M) (W)
Date of Birth	
WHICH CLINIC/SERVICE	E ARE YOU REFERRING TO?
☐ Eating Disorders Clinic☐ Optometry Clinic☐ Cancer Care Program	 □ Exercise Physiology Clinic □ Podiatry Clinic □ Type 2 Diabetes Program □ Nutrition and Dietetics Clinic □ Psychology and Counselling Clinic
REASON FOR REFERRA	AL
HIGH RISK REFERRAL	INFORMATION
SUPPORTING INFORMA	ATION
Patient History	
Medications	
Allergies	
Smoking History	
Other relevant information	

Please contact QHC Reception directly for current pricing and speciality services.

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