**Suggested referral information**

**Consent must be obtained from the client for referral to proceed.**

**Client information**

* Full name (and name of a parent, guardian, or carer, where applicable)
* Address and phone numbers, including alternative contact details
* Date of birth
* Gender
* Medicare number
* Health insurance details (where relevant)
* National healthcare identifier (when established)
* Indigenous status (note where applicable)
* Interpreter needs, including preferred language where applicable
* Mobility needs
* Current support service involvement and contacts

**Clinical information**

* Presenting problem, duration of symptoms, and impact on patient
* General practice diagnosis, or provisional diagnosis, if known
* Physical examination results
* Management to date and response to treatment
* Investigation results
* Relevant medical history
* Relevant social history or special needs
* Allergies or warnings
* Current medications, particularly noting anticoagulants

**Referrer's details**

* Name, address, and contact information
* Name of general practitioner (if different from referrer)
* Provider number
* Signature