Dr Mya Tun (MBBS, MRCP,FRACP) Prov: 298075EB

Unit 20, 37-39 Albert Road, Melbourne, Vic 3004
Telephone: **03 9790 9925** Fax: **03 8676 4901**

Geriatrician - Referral Form

Patient Name:

Date of Birth:

Address:

Medicare no:

Contact Number:

Referring Physician Name:

Practice Address:

(Stamp)

Phone:

Fax:

Clinical Details / Provisional Diagnosis: ______

______

______

Assessment required: (Please tick the appropriate box/boxes.)

- ☐ Comprehensive Geriatric Assessment
- ☐ Memory Assessment
- ☐ Acute Medical illness
- ☐ Heart Failure
- ☐ End of Life Care/Palliative Care
- ☐ Pain management
- ☐ Falls and Balance
- ☐ Continence issues
- ☐ Medication review
- ☐ Follow-up Review in 3-6 months .

Signature of referring Physician.	***Date:***

Please fax this form to 03 8676 4901 or ring 03 9790 9925 to make an appointment.
(Please note: all consultations will be bulk billed)

This referral is not valid unless signed by the referring Physician

THANK YOU FOR YOUR REFERRAL

Office use only:
Appointment Date:
Time: Initial: