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| --- | --- |
| **To RDNS Direct Call Centre** | **1300 364 264** |
| **Fax to Referral Team** | **8378 5383** |
| **Referral Date:** |       | **Referring Organisation:** |       |
| **Referrer Name:** |       | **Phone Number:** |       |
| **Form Completed by** | [ ]  Referrer [ ]  HIV Co-ordinator [ ]  RDNS Direct |
| **Title** | Mr | Mrs | Ms | Miss |
| **First Name** |       |
| **Known As** |  |
| **Surname** |       |
| **Date of Birth** |        /       /       |
| **Address** |  |
|  |
| **Suburb**  | **Postcode**  |
| **Preferred Contact No** |       |
| **Can leave a message**  | [ ]  Yes [ ] No |
| **Interpreter Required** | [ ]  Yes [ ] No | **Language:**  |
| **Interpreter Source** | eg phone service, not from client’s community |  |
| **Medical Practitioner Name** |       | **Phone No:** |       |
| **Date of Diagnosis**       /       /        |
| **Relevant Issues** |
|  |
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