



Patient Referral Form

Attach patient identification label

UR Number:	Patient Details
Surname:	
Name:	
Date of Birth:.....Gender:.....	
Dr:	

Please FAX with GP REFERRAL LETTER TO 07 3881 7545

To: _____ / Pine Rivers Private Admitting Doctor

*please refer to either specific admitting psychiatrist (see back for list) or "Pine Rivers Private Admitting Doctor"

PATIENT DETAILS

Surname:		Given names:	
Address:			
Suburb:	Postcode:	Phone (H):	Mobile:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> Other	Date of birth:		Age:
Aboriginal or Torres Strait Islander Origin: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not stated			
Medicare eligible: <input type="checkbox"/> No <input type="checkbox"/> Yes →	Card number:		
	Card reference:	Expiry:	
Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer:	Ref #:	
<input type="checkbox"/> Work Cover <input type="checkbox"/> Self Funded			
Parent/Guardian/Agency name:		Relationship to patient:	
Parent/Guardian/Agency contact details:			

Please attach relevant patient medical history (incl. allergies), current Medications and any recent bloods.

Is the referral urgent: Yes No

If Yes, please explain the perceived Risk Issues:

Preferred Admission time: Within 24 hours Within 72 hours Within 7 days No specific time

Is this referral related to: Day Programs Inpatient Admission

<input type="checkbox"/> Addictions Program	<input type="checkbox"/> General Psych	<input type="checkbox"/> Aged Psychiatry
<input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Alcohol and Other Drugs	<input type="checkbox"/> Obsessive Compulsive Disorder (OCD)
<input type="checkbox"/> Anxiety and Depression	<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Detoxification
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Electro Convulsive Therapy (ECT)	<input type="checkbox"/> Transcranial Magnetic Stimulation (TMS)

REFERRING DOCTOR (Please complete all sections legibly - practice information required for successful referral)

Dr surname:	Dr given name:	Dr position:	Provider #:
Hospital or practice name:		Phone:	Fax: Pager:
Unit or practice address or practice stamp		Department or practice suburb:	

PATIENT'S USUAL GP (if different from referrer)

Dr surname:	Phone:	Mobile:
Practice address:	State:	Postcode:

Please FAX to 07 3881 7545 or email pineriveradmissions@healthscope.com.au

How to admit your patient to our mental health unit

Patient Admission Criteria:

1. Has mental health disorder and/or substance use disorder.
2. Has had no intravenous drug use for at least 6 months.
3. Is a voluntary patient.
4. Is physically stable, independently mobile and able to self care.

Admitting Psychiatrists

Dr Jagannathan Alagarsamy

Mood Disorders, Insomnia, PTSD, Neuropsychiatry, Psychosis, Medico-legal

Dr Adetokunbo Alege

Adult Psychiatry, Mood and Anxiety Disorders, PTSD, Learning difficulties

Dr Anastasia Braun

General Adult Psychiatry, Consultation-Liaison Psychiatry, Weight Management and Eating Disorders, Perinatal Psychiatry, Older Age Psychiatry

Dr Tom George

Perinatal Mental Health, Mood Disorders, Anxiety Disorders, Bipolar Disorder

Dr Howard Granger

Bipolar Spectrum, ACT/Mindfulness, Adult ADHD, ECT, Anxiety Disorders

Dr Nik Jetnikoff

Addiction, Medico-legal, General Adult Psychiatry

Dr Sandhya Kachhap

Perinatal, Women's Health, General Adult Psychiatry

Dr Ashim Majumdar

General Adult Psychiatry, Addiction Psychiatry, Psychiatry of War Veterans, Medico-legal, Pain Disorder

Dr Jatheesh Pala Valappil

Organic Brain Disorder, Mood Disorders, Anxiety Disorder, PTSD, General Adult Psychiatry, Certified Independent Medical Examiner

Dr Sanjeev Ranjan

Mood Disorders, Anxiety Disorders, Psychosis, OCD, PTSD, Adult ADHD, Neuropsychiatry, Cognitive Behaviour Therapy, Mindfulness Based Cognitive Therapy

Dr Chinna Samy

TMS, Mood Disorders, Anxiety Disorders, Psychosis, Bipolar Disorders, PTSD, WorkCover

Dr Usha Shri Kissoon

Perinatal Mental Health, General Adult Psychiatry

Dr Chris Slack

General Adult Psychiatry, Psychogeriatrics

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Pine Rivers Private Hospital

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www.pineriversprivatehospital.com.au

ABN 85 006 405 152 | A healthscope hospital.