Hunter PRIMARYCARE

PRIORITY ALLIED HEALTH Services
GP Referral Form – Podiatry

Patient Details

Name:			
Date of Birth:		ASTI	Yes/No
Address:			
Phone:	h:	w:	m:
Parent / Carer			
Name:			
Address (if different);			
Phone:	h:	w:	m:
Urgent	☐ Yes	☐ No	
Identifier (for Podiatrist to complete):			
Health Care Card Holder:	☐ Yes	☐ No	
Low Income Earner:	☐ Yes	☐ No	
Reason for referral:			
Relevant Medical Information including Illnesses, Accidents, Hospitalisations:			

Please complete and sign Page 2

Hunter PR1MARYCARE

Rural Primary Health Services
GP Referral Form – Podiatry

Medical History			
☐ Diabetes	☐ Arthritis	☐ CVD	
☐ Asthma	☐ PVD	☐ Anticoagulants	
Other:			
Allergies:			
Medication:			
Details:			
Referring GP:		Date Referral Sent:	
Contact Phone:		Fax:	
Signature:		Date:	

Thank you for completing this referral form.

Steel City Footworx
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An initiative of Hunter Primary Care