Sleep and Settle Referral

All admissions will be appointed to the on-call Leading Steps Paediatrician

PATIENT DETAILS

NAME: ....

DOB: DD / MM / YYYY ☐ FEMALE ☐ MALE

ADDRESS: ....

PHONE: ....

MEDICARE NUMBER: .... REF: .... EXPIRY: ....

☐ Private ☐ Third Party ☐ Self-funded

Health Fund: .... Membership No: ....

REASON FOR REFERRAL

☐ Baby not sleeping
☐ Baby irritable
☐ Feeding problems
☐ Parent request
☐ Other: ....

....

Is the baby known to a Leading Steps Paediatrician? ☐ Yes ☐ No

If yes, which Dr. ____________________

MEDICAL HISTORY (or attach separately)

....

....

....

Current medications..

....

Investigations to date...

....

Please provide further information you feel may be of assistance

....

....

REFERRING DOCTOR

Name: ....

Address: ....

Phone: .... Signature: .... Date: DD / MM / YYYY

Please FAX this form to 07 55 300 660 or email it to gcppaeds@healthscope.com.au and we will contact you to organise an appointment.

Phone 07 55 300 819 for further information and preparation advice.

Gold Coast Private Hospital | 14 Hill Street, Southport QLD 4215 | www.goldcoastprivate.com.au

 UNCONTROLLED WHEN PRINTED Ref NC-162 V2 – Nov 2018 Authorised: D/GM