

Pancreatic Cancer Referral Form

Patient details

Name:

UR (if an existing Epworth patient):

Address:

Postcode:

Telephone: Email:

Gender: DOB: / /

Medicare card number: Expiry date: /

Health fund: Yes No Name of fund: Membership number:

Department of Veteran Affairs: Gold White Membership number:

Please select your patient's preferred Epworth location/s:

Epworth Eastern (Box Hill) Epworth Freemasons (East Melbourne)

Epworth Geelong Epworth Richmond

Next of kin details

Name:

Telephone: Relationship to patient:

Referrer details

Name: Provider number:

Specialist GP Clinic name:

Address:

Postcode:

Telephone: Fax:

Email:

Pancreatic Cancer Referral Form



Reason for referral

- Suspected pancreatic cancer/investigations
 Second opinion
 Treatment
 Clinical trial

Additional information:

Medical information

Imaging results:

CT:

EUS:

MRI:

Other:

Please attach any relevant correspondence, imaging, histology or pathology results with this referral.

Details of relevant past medical history, current medications and allergies:

Other additional information:

Referrer to sign here

Signature:

Date: ____ / ____ / ____

Please email your referral form to our pancreatic nurse coordinator at EHJreissatiCentre@epworth.org.au

FOR OFFICE USE ONLY

Specialist: _____

Practice: _____

Address: _____

Jreissati Pancreatic Centre at Epworth

Phone 03 9426 8880

Email EHJreissatiCentre@epworth.org.au

www.epworth.org.au/jreissaticentre