Chronic DOCTORS

CHRONIC DOCTORS PTY LTD
7 Butterfield Street, Herston,
QLD 4006
(07) 3012 6314

ABN 67 659 866 243 | ACN 659 866 243

REFERRAL FORM

I ________________________ authorize my doctor to send my health summary to Chronic Doctors.

PATIENT DEMOGRAPHICS

Field	
Full Name	
Phone	
Date of birth (DD/MM/YYYY)	
Medicare Number and reference	
Address	
Email Address	

PATIENT DETAILS

Field	
Primary Diagnosis	
Patient Symptoms	
Concerns with Medicinal Cannabis use in this patient?	

PRACTIC DETAILS

Field	
Practice Name	
Address	

Phone number	
Fax number	
Email	

DOCTOR DETAILS

Doctor Stamp (including name and Medicare provider number)	

I hereby refer the above patient to a Doctor at Chronic Doctors Pty Ltd for medical review

The referral and an up-to-date health summary of current and past medical history should be returned by e-mail to info@chronicdoctors.com.au

Practitioner signature ________________________________ Date ____/____/____