



NEW ENGLAND DIVISION OF GENERAL PRACTICE
RPHS Dietetic Service – Glen Innes & Tenterfield
Referral Form

GPs:
Inform patient this is a RPHS Referral and give this referral to the patient.

Patient:
When making your appointment, TELL the receptionist this is a RPHS referral. Please cancel any unwanted appointments.
Glen Innes CHC – 67390100
Tenterfield CHC - 67395200

Referral to: **New England Division of General Practice**
PO Box 1321 Armidale NSW 2350
Ph - 67711146

This service is **free for Pension and Health Care cardholders** who are in URGENT need of service for an **acute** condition &/or have **diabetes**. Up to **4 consultations only** are offered free of charge.

(Non-urgent cases to be referred to NEAHS {Community Health} Dietetic Service)

*Depart. Veteran Affairs, Workers Comp, and Third Party patients are **NOT** eligible for referral to this program.*

PATIENT DETAILS

Name _____ DOB _____ Male / Female

Address _____ Phone _____

Parent / Guardian Names (if client is under 18 years of age) _____

Pension / Health Care card No: _____

Are you of Aboriginal or Torres Strait Islander origin? YES NO

Reason for Referral: _____

MEDICAL HISTORY

Diabetes Arthritis CVD Asthma

Relevant Biochemistry _____

Allergies _____

Medications _____

WOULD YOU LIKE A WRITTEN REPORT? YES NO

Referring GP _____ Date _____