

# GP REFERRAL

**Dr Amit Gupta**

Specialist Geriatrician



**South Steyne Medical Centre**

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Website: [southsteynemedical.com](http://southsteynemedical.com)  
Phone: **02 7209 2920** Fax: **02 7209 2921**

For adults aged 65 and over. Referrals from SSMC and external GPs are welcome.

Financial-capacity and wills-related assessments are not provided.

## PATIENT AND APPOINTMENT CONTACT

Patient full name

Date of birth (DD/MM/YYYY)

Patient phone

Residential address (include suburb and postcode)

Appointment contact name (patient or authorised contact)

Relationship to patient

Contact phone

Facility / interpreter / mobility or communication requirements, if relevant

## REASON FOR REFERRAL

Tick all that apply

☐ Comprehensive geriatric assessment

☐ Memory or cognitive concerns

☐ Falls, balance or mobility

☐ Mood concerns in later life

☐ Medication or general medical review

☐ Frailty or reduced independence

Presenting concerns / specific questions for Dr Gupta / other reason

## CLINICAL BACKGROUND

Attach a clinical summary or additional pages as needed

Relevant history, current medications, allergies and investigations (or specify attached)

Attached: ☐ Medication list

☐ Relevant results

☐ Cognitive assessment

☐ Discharge summary

## REFERRING GP

Referring GP full name

Provider number

Practice name

Practice address / suburb

Practice phone

Practice email

GP signature (sign by hand or with your PDF signing tool)

Referral date (DD/MM/YYYY)

☐ Patient / authorised representative informed of the referral, and appropriate authority to share relevant information confirmed. Please check details and sign before sending.

**Return by fax: (02) 7209 2921 | Enquiries: (02) 7209 2920**

Not for emergencies. In an emergency, call 000.

CARING FOR OUR COMMUNITY