

**Emergency Department
 Hotline ☎ 9113 1744
 Emergency Department
 FAX 9113 2254**



*St George District
 Division of General Practice Inc.*

GP EMERGENCY REFERRAL LETTER

Surname **Given Names**

Age **Allergies**

Preferred VMO ? (if insured)

History, Clinical findings and Investigations of present illness

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Past History	Social History
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Current Medications

1.	5.
2.	6.
3.	7.
4.	8.

My after hours contact number is:

GP Stamp

- Please notify me if you decide not to admit the patient
- Please notify me when the patient has been assessed

Signed Date

GP Number: