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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To RDNS Direct Call Centre** | | | | | | **1300 364 264** | | | | | | |
| **Fax to Referral Team** | | | | | | **8378 5383** | | | | | | |
| **Referral Date:** | |  | | | | | | **Referring Organisation:** | | |  | |
| **Referrer Name:** | |  | | | | | | **Phone Number:** | | |  | |
| **Form Completed by** | | Referrer  HIV Co-ordinator  RDNS Direct | | | | | | | | | | |
| **Title** | Mr | | Mrs | | Ms | | Miss |
| **First Name** |  | | | | | | | | | | | |
| **Known As** |  | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | |
| **Date of Birth** | /       / | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Suburb** | | | | | | | | | **Postcode** | | |
| **Preferred Contact No** |  | | | | | | | | | | | |
| **Can leave a message** | Yes No | | | | | | | | | | | |
| **Interpreter Required** | Yes No | | | | | | | **Language:** | | | | |
| **Interpreter Source** | eg phone service, not from client’s community | | | | | | |  | | | | |
| **Medical Practitioner Name** | | | |  | | | | | **Phone No:** | | |  |
| **Date of Diagnosis**       /       / | | | | | | | | | | | | |
| **Relevant Issues** | | | | | | | | | | | | |
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