REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**COGNITIVE DISORDERS CLINIC**

Template for correspondence about patient with

**COGNITIVE DISORDERS**

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| **SEND TO**: Dr Suba Kumar (Director)Central Intake UnitFax: 1300 668 536 **OR** Phone: 1300 668 936**Secure transmission service via Medical Objects or****Healthlink to****QHEALTH,GOLD COAST HEALTH Adult Community Health Central Intake Unit** | **FROM** **Doctors Name:** **Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:** **Signature:**  |

**This service is for people 45 years and over experiencing 'cognitive problems' (requiring diagnosis and treatment) characterised by, progressive cognitive decline, and/or memory impairment not in relation to personality disorders, illicit drug use, Axis I disorders, pre-existing acquired brain injury (e.g. recent TBI).**

Dear Dr Suba Kumar

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

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| **Gender:** **Address:** **Home Ph**: **Mobile Ph:** **Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:** **If yes, specify language:**  |

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| **SECTION 2 Reason for referral and additional clinical information** |

What is the reason for this referral:

Please provide provisional diagnosis (if available):

Please include any symptoms and date of onset (if known):

**Paste or type relevant history, clinical examination findings and treatment to date if required**

**SECTION 3 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please include the results of any formal memory tests that were conducted, such as MMSE.

**CT Brain:**

**FBC, E/LFTs, CRP:**

**B12 Folate:**

**TSH:**

**Mg Phosphate Calcium:**

**MSU:**

**SECTION 4 Social factors and impact on the patient**

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| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;other factors. **Please paste or type relevant information.** |

**SECTION 5 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

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| Dr Suba Kumar (Director) | Dr Benjamin Chen | Dr Mohammed Khafeed |
| Dr Natalie Yovenko-Lahovec |  |  |