PHYSICIAN CARE PERTH
Suite 6/18 Stirling Highway
Nedlands WA 6009
Phone: (08) 6285 5883
Email: info@physiciancareperth.com.au

DR VIJAYA VENKATARAMAN
MBBS, MD, MRCP, FRCP, FRACP, MMed POM

Patient Referral Form - Dr. Vijaya Venkataraman

Referrer Details

Referrer Name ____

Practice Name ____

Provider Number____

Phone ____

Email ____

Patient Details

Patient Name ____

DOB ____

Medicare Number ____

Contact Number ____

Email ____

Address ____

Reason for Referral (please check relevant boxes)

☐ General Medicine - Diagnostic Review
☐ General Medicine - Chronic Disease Management
☐ Lipidology - Statin Intolerance
☐ Lipidology - Lp(a) / Familial Hypercholesterolemia
☐ Lipidology - PCSK9 / Leqvio Therapy
☐ Perioperative Assessment - Neuro/Spine Surgery
☐ Perioperative Assessment - Vascular/Ortho Surgery

Preferred Location (please check relevant box)

☐ Physician Care Perth - Nedlands
☐ NSI - Wembley
☐ Wexford - Murdoch
☐ Baldivis Family Medical Practice

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Referral Priority

☐ Routine Appointment
☐ Urgent - Please telephone to expedite

Clinical Notes

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Referrer Signature ____

Date ____