Brainy Bunch Health Unit Trust
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120 McIlwraith Avenue, Norman Park, QLD 4170
ABN 68 431 267 226

SPECIALIST REFERRAL

(We accept referrals by medical objects, healthlink, fax or email)

Referral to:

(If appropriate, selecting **multiple specialties** will allow us to triage to the most applicable specialist)

Paediatric Neurology ☐
(Dr Adriane Sinclair 2735045B)

General Paediatrics ☐
(Dr Imrana Mohammad 441401BW)

Child and Adolescent Psychiatry ☐
(Dr John Down 5100584H)

Patient Details:

Name:

Gender:

DOB:

Phone:

Address:

Parent Name:

Email:

Medicare no:

Reference no:

Referral Reason:

(please attach any further clinical information and results to this form)

*If appropriate for **new** patients:*
Please perform a **comprehensive treatment and management assessment/ plan** (tick if applicable) ☐

*If appropriate for **review** patients:*
Please perform review of **comprehensive treatment and management assessmennt/ plan** due to **change in condition or circumstance** (tick if applicable) ☐

*If appropriate for **new psychiatry** referrals:*
Please perform a 291 assessment (tick if applicable) ☐

Referrer details:

Name:

Provider Number:

Practice/ Address:

Signature:

Date: