

Office use only.

Referral number: \_\_\_\_\_

Date received: \_\_\_ / \_\_\_ / \_\_\_\_



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\_\_\_\_ Day / \_\_\_\_ Month / 2020.

**Attention: A/Professor Andrew Kurmis** – Specialist Orthopaedic Surgeon.

Dear Andrew,

Thank you for accepting the care of \_\_\_\_\_ patient's full name \_\_\_\_\_ (dob: \_\_\_ / \_\_\_ / \_\_\_\_).

Medicare number: \_\_\_\_\_ ( ) expiry date: \_\_\_\_\_

Private Health Insurer: \_\_\_\_\_ Membership number: \_\_\_\_\_

Home address: \_\_\_\_\_ postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone number: (08) \_\_\_\_\_

e-mail address: \_\_\_\_\_

age: \_\_\_\_\_ years height: \_\_\_\_\_ cms weight: \_\_\_\_\_ kgs BMI:       

Imaging performed at: \_\_\_\_\_ date: \_\_\_ / \_\_\_ / \_\_\_\_

Main problem(s): pain / poor function / injury / other: \_\_\_\_\_

Joint(s) involved: hip(s) right / left / bilateral

knee(s) right / left / bilateral

other: \_\_\_\_\_

Principal diagnosis / concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous surgery(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Past medical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please do keep me informed as to your future successes in the management of this patient.

Yours sincerely,

signature

**Dr.** \_\_\_\_\_  
Referrers name (printed clearly)

Provider number: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

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