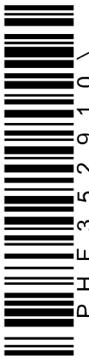


**REFERRAL  
IRON INFUSION /  
BLOOD TRANSFUSION**



↑  
Peninsula Health Use Only  
UR NUMBER .....  
SURNAME .....  
GIVEN NAMES .....  
DATE OF BIRTH .....  
Please fill in if no Patient Label available  
Gender .....  
Rev.27/04/18 Print Code:17049

Referral to: **Dr. Anmol Bassi**  
**Fax referral and all results to:**  
**Infusion Centre**  
Frankston Hospital  
Frankston VIC 3199  
**Phone:** 9788 1710  
**Fax:** 9784 2333

Referring Doctor (Stamp):  
Referring Doctor's Name  
Provider Number  
Address  
Telephone Number

**PATIENT DETAILS**

Title: ..... Given Names: ..... Surname: .....

Patient Address: .....

Preferred Contact Number: ..... Date of Birth: ...../...../.....

Medicare Card No. .... Spoken Language: ..... Interpreter Required:  Yes  No

**Please select Treatment request and complete Medical History below**

**Iron Infusion**

**URGENT**

Previous infusion:

**ROUTINE**

Yes Date of previous Infusion: ...../...../.....

No If no, is patient taking or has patient tried oral iron  Yes  No

Previous reaction to IV iron preparation - comment on nature of reaction:  
.....

**Blood Transfusion**

**URGENT(eg HB < 8)**

Previous infusion:

**ROUTINE**

Yes Date of previous Infusion: ...../...../.....

No

**Medical Diagnosis for Required Treatment:** .....

**Medical History:** Note: FBE/ iron studies/ results within 4 weeks of referral date, must be sent with referral

Please attach copy of UEC

Evidence of intolerance to oral iron

Rapid iron repletion clinically important

Evidence of non-compliance with oral iron

Short time to non-deferrable surgery

Evidence of lack of efficacy with oral iron

Menorrhagia / Menstruation related issues

Malabsorption (Gastric surgery, coeliac disease)

Known vegetarian/vegan diet

Haemoglobin less than 100 g/l and more than 70g/l\*

Current weight (Within 4 weeks) .....

Allergies / Adverse reactions .....

Referrer's Name: ..... Signature: ..... Referral Date: .....

**Please fax completed referral and any relevant results to 9784 2333**

**PH Infusion Centre Office Use Only**

...../...../.....  
Received

...../...../.....  
Screened

...../...../.....  
Triaged