

☐ Aged Care Facility (Nursing Home) Visits  
Phone: 03 8899 6626  
Fax: 03 8813 0654  
info@melbournegeriatricmedicine.com.au  
PO Box 2088, Forest Hill Vic 3131

☐ Bellbird Private Hospital Consulting Rooms  
198 Canterbury Road, Blackburn Vic 3130  
Phone: 03 9845 2330  
Fax: 03 9845 2390

☐ Ringwood Private Hospital Consulting Rooms  
36 Mt Dandenong Rd, Ringwood East Vic 3135  
Phone: 03 8804 4050  
Fax: 03 8804 4199

☐ St John of God Berwick Consulting Rooms  
75 Kangan Drive, Berwick Vic 3806  
Phone: 03 8784 5600  
Fax: 03 8784 5650

### Referral for Comprehensive Geriatric Assessment

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Veteran's Affairs No (if applicable): \_\_\_\_\_

Next of Kin (NOK) Name: \_\_\_\_\_

NOK Relationship: \_\_\_\_\_ NOK Phone No: \_\_\_\_\_

Reason for Referral:

Name of Referring Doctor: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email, Fax Number or Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_