

# Appendix F:

## Proforma referral for determination of diagnosis or prognosis

{Details of practitioner being referred to}: .....

{Name, Address, Phone, Email}: .....

{Details of referring practitioner}: .....

{Name, AHPRA #, Address, Phone, Email}: .....

{Date of referral}: .....

Dear: .....

Re: Patient Full Name: .....

Patient VAD-IMS number: .....

Patient DOB: .....

Patient Contact Details: .....

{Address, Phone, Email}: .....

I am writing to seek your assessment and determination of {Patient Name}'s diagnosis and/or prognosis.

By accepting this referral you are confirming to me that you are not:

- a. a family member of the patient; or
- b. a person who knows or believes that they-
  - i. are a beneficiary under a will of the patient; or
  - ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services in connection with the referral.

{Insert relevant patient information here}.

Signature: .....

Name: .....

Date: .....

Att: .....