

## Referral Form

Name of Patient/ID or sticker: \_\_\_\_\_

DOB: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Surgery Location: ☐ SVPHT ☐ SATH ☐ OTHER: \_\_\_\_\_

Proposed surgery: \_\_\_\_\_

Date of surgery (if high risk please consider not booking for surgery): \_\_\_\_\_

Anaesthetist: \_\_\_\_\_

VMO consulting out of MyProcedure you are referring to: \_\_\_\_\_

Please send this referral with the GP health summary/referral via Medical Objects

***If having an inpatient procedure, please give patient a form for a FBC, U+E, LFT's. If on Thyroxine please add TFT's.***

ECG Requested ☐

Please encourage your patient to fill in their eadmission –

St Andrews Toowoomba Hospital <a href="https://sath.eadmissions.org.au/">https://sath.eadmissions.org.au/</a>	St Vincents Hospital Toowoomba <a href="https://svha.eadmissions.org.au/">https://svha.eadmissions.org.au/</a>
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(if they require help, ask them to attend MyProcedure rooms)

### Patient Consent for MyProcedure:

I,..... [patient/guardian\*/NOK\*] hereby consent to the release of my clinical information to MyProcedure, acting on behalf of my doctor.

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

\*Guardian/NOK signature acceptable only where patient lacks capacity to consent or is appointed Enduring Power of Attorney.

**Referrers details:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Number: \_\_\_\_\_ VMO Signature: \_\_\_\_\_

**The below patient and surgical factors are associated with elevated perioperative risk*****Please consider referring highest risk patients prior to booking surgery***

Patient Factors	Surgical Factors
Metastatic cancer	Palliative surgical procedure
BMI > 50	Ortho – fracture neck of femur surgery, joint replacement +/- revisions, major spines (multi-level)
Severe COPD or respiratory disease	General – large ventral hernia, open abdominal surgery
Frailty	Colorectal – colectomy, open abdominal emergency laparotomy
Recent history of falls	Thoracic surgery
Neuro-degenerative disease (Parkinson's disease, motor neuron disease...)	Vascular surgery on arterial disease (open)
History of CVAs and TIAs	Upper GI – liver resection
Valvular heart disease, ischaemic heart disease and congestive heart failure.	ENT – oro-pharyngeal cancer surgery, neck dissection, free flap surgery
Post-transplant patient including bone marrow transplantation	Maxillofacial – cancer surgery
Patients on complex anti-coagulation or anti-platelet agents	Gynae – hysterectomy, pelvic clearance, onco-gynaecological surgery
Implanted devices (pacemakers, defibrillators, spinal cord or deep brain stimulator)	Urology – open/robotic prostatectomy, reconstruction, cystectomy, nephrectomy
Previous episode of delirium	Other surgical operation:  _____
Pre-operative chemo/radiotherapy	
Greater than 3 long term medical conditions	
Previous DVT/PE or Pulmonary hypertension	
Diabetes	
Severe liver disease	
Chronic kidney disease or on dialysis	
Chronic pain history	
Significant anaesthetic issues (airway difficulties, malignant hyperthermia, limited mouth opening or neck movement, bleomycin use)	
Sleep apnoea	
Dementia or cognitive dysfunction	
Atrial fibrillation	
Immunosuppression including HIV/AIDS	
Serious mental illness	
Other:	