

REFERRALS

Patient Information

Name: _____ Sex: M F

Address: _____

Postal (if different to above): _____

DOB: _____ Phone: _____ Mobile: _____

Do you have Private Health Insurance: Y N

Fund Name: _____ Fund Number: _____

Clinical Details

Tick The Clinic You Require

- General Paediatrics (including Autism assessments)
- Paediatric Surgery and Urology
- Gastroenterology including endoscopies and colonoscopies
- Orthopaedic Surgery
- Paediatric Respiratory Medicine/Asthma
- Bladder/Bowel Dysfunction and Enuresis Clinic
- Paediatric Sleep Medicine
- Antenatal Counselling
- Feeding Assessments
- Ear, Nose & Throat

Referring Doctor Information

Referring Doctor's Name: _____

Provider Number: _____

Address: _____

Phone: _____ Fax: _____

Date: _____

Signature: _____

OUR PRACTITIONERS

Please visit the website for more info

- **Dr Sanjeev Khurana** MBBS, MS, FRCSI, FRACS
Paediatric General Surgeon and Urologist
- **Dr Noha Soliman** MBBCh, DCH, FRACP
General Paediatrician
- **Dr Jaideep Rawat** MBBS, MS (Orth) FRACS, FAOrthA
Orthopaedic Surgeon
- **Dr John Wong** MBBS, DCH, FRACP, PhD
Paediatric Respiratory and Sleep Physician
- **Dr Rammy Abu Assi** MBBS, DCH, FRACP, PhD
Paediatric Gastroenterologist
- **Dr Sadia Chaudry** MBBS, FCPS (Paeds), FRACP (Paediatrics)
General Paediatrician
- **Dr Christopher Lamb** MBBS, FRACP
General Paediatrician
- **Ms Joanne Jenkin**
Feeding Assessment
- **Dr Cathy Cord-Udy** MBBS, FRACS, Paed Surg
Paediatric General Surgeon
- **Mrs Sandy Booyesen**
Dietitian
- **Ms Emma Foreman**
Speech Pathologist
- **Dr Aabha Kalro** MBBS, DCH, FRACP, MPH
General Paediatrician



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