

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
- ☐ Paediatric Surgery and Urology
- ☐ Gastroenterology including endoscopies and colonoscopies
- ☐ Orthopaedic Surgery
- ☐ Paediatric Respiratory Medicine/Asthma
- ☐ Bladder/Bowel Dysfunction and Enuresis Clinic
- ☐ Paediatric Sleep Medicine

Referring Doctor Information

Referring Doctor's Name: _____

Provider Number: _____

Address: _____

Phone: _____ Fax: _____

Date: _____

Signature: _____

OUR PRACTITIONERS

Please visit the website for more info

- **Dr Christopher Lamb** MBBS, FRACP
General Paediatrician
- **Dr Sara McLean** BSc (Hons), Masters Clinical Psychology, PhD Registered Psychologist
Child Psychologist
- **Dr Garth Hargreaves** MBBS, DCH, FRACP, PhD
General Paediatrician
- **Dr Rammy Abu Assi** MBBS, DCH, FRACP, PhD
Paediatric Gastroenterologist
- **Dr John Wong** MBBS, DCH, FRACP, PhD
Paediatric Respiratory and Sleep Physician
- **Dr Sanjeev Khurana** MBBS, MS, FRCSI, FRACS
Paediatric General Surgeon and Urologist
- **Dr Cathy Cord-Udy** MBBS, FRACS, Paed Surg
Paediatric General Surgeon
- **Dr Jaideep Rawat** MBBS, MS (Orth) FRACS, FAOrthA
Orthopaedic Surgeon



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