

Medical & Surgical Specialist Referral Directory (Western Australia)

eDataForm



Specialty

Primary Speciality _____

Name

Title _____ First Name _____ Surname _____

Qualifications _____ Gender Male Female

Specialist Medical Qualifications

Address

Practice Name _____

Main practice address or contact address for patient referrals

Address 1 _____

Street _____

Please use page 2 for alternate practice addresses

Suburb _____ Postcode _____

Telephone 1 _____ Telephone 2 _____

Afterhours _____ Mobile _____ Fax _____

HealthLink _____ Web _____

Email _____

Special Interests

1 _____ 5 _____

Special interests in relation to patient care and management

2 _____ 6 _____

3 _____ 7 _____

4 _____ 8 _____

Platform : Skype, Webex, Go to Meeting, etc
Consultations: eg Ongoing, Review, Initial, Post-op, etc

TeleHealth

Platform / Software _____ Consultations _____

Exclusions

1 _____ 3 _____

2 _____ 4 _____

Practice Areas to Exclude or not undertake .eg, No MVIT, No Workers Comp., No Medicolegal, No pensioners, No neonates, etc.

Languages

1 _____ 3 _____

2 _____ 4 _____

Languages spoken in clinical practice

Private Hospitals

1 _____ 1 _____

2 _____ 2 _____

3 _____ 3 _____

Public Hospitals

Private & Public Hospital clinical accreditation / appointments

Veterans Affairs

Department of Veterans Affairs patients seen:

General Information

Declaration:

I certify that I am practicing as a Registered Medical Specialist :

AHPRA Regn _____ Signed: _____ Date _____

PLEASE RETURN TO:

Dr Stephen Hodby
PO Box 334
Inglewood 6932

Ph ☎ 0419 906 922

Fax ☎ (08) 6102 1743

Email:
spdirectory@bigpond.com

Medical & Surgical Specialist Referral Directory



OTHER PRACTICE ADDRESSES:

Name

First Name _____ Surname _____

Address #2

Practice Name _____

Address 1 _____

Street _____

Suburb _____ Postcode _____

Telephone 1 _____ Telephone 2 _____

Afterhours _____ Mobile _____ Fax _____

HealthLink _____ Web _____

Email _____

Address #3

Practice Name _____

Address 1 _____

Street _____

Suburb _____ Postcode _____

Telephone 1 _____ Telephone 2 _____

Afterhours _____ Mobile _____ Fax _____

HealthLink _____ Web _____

Email _____

Address #4

Practice Name _____

Address 1 _____

Street _____

Suburb _____ Postcode _____

Telephone 1 _____ Telephone 2 _____

Afterhours _____ Mobile _____ Fax _____

HealthLink _____ Web _____

Email _____

Other Information or Practice Addresses

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