



Collaborative Centre for
Cardiometabolic Health
in Psychosis



Health
Sydney
Local Health District

FROM: COMMUNITY MENTAL HEALTH (CMH)/CARE CO-ORDINATOR DETAILS

Name of Co-ordinator: _____
 CMH Address: _____

 Is this patient under any other relevant care provider/Consultant?
 If YES please provide name: _____

Team: _____
 Phone: _____
 Fax: _____
 Mobile: _____
 Care Provider/Consultant Contact Phone: _____

referral

PATIENT INFORMATION

Patient's Name: _____
 Date of Birth: _____
 Address: _____

 Carer/Next of Kin/Guardian: _____
 Relationship to Patient: _____

RPA MRN _____ Community MRN _____
 CRGH MRN _____ Medicare Number: _____
 Gender: MALE FEMALE
 Mobile: _____ Medicare Reference No: _____
 Mobile: _____ Medicare Expiry: / /
 Is an interpreter required: YES NO
 If so, please include language: _____ Pension No: _____

REFERRAL INFORMATION

Date of referral: _____
 Please tick below which clinic location you will be attending
 For a complete assessment, please tick all the specialists under your preferred location

Reason for referral: _____
 Who is referring this patient:
 GP (12 months or indefinite) or Staff Specialist (3 months)

Dear

CONCORD CLINIC

Prof Tim Lambert
Medical Psychiatry

Dr Avinash Suryawanshi
Endocrinology

Dr Vincent Chow
Cardiology

CPC RPA CLINIC

Prof Tim Lambert
Medical Psychiatry

A/Prof Roger Chen
Endocrinology

Dr Vincent Chow
Cardiology

Name of Referrer (or stamp): _____
 Practice Address (or stamp): _____

 Phone: _____ *Provider Number: _____

LOCAL DOCTOR/GP

Name (or stamp): _____
 Practice Address: _____

Phone: _____
 Fax: _____

PATHOLOGY RESULTS [MANDATORY]

Date bloods collected: / /
 Pathology lab collected: DHM Laverty
 MedLab Australian Clinical Labs
 Other (please list) _____

- Please ensure that all the following **fasting** blood tests have been obtained and tick when complete:
- EUC FBC
 - LFT CK
 - TFT B12 & Folate
 - Prolactin Fasting BGL
 - Apolipoprotein B* Serum Uric Acid
 - Calcium, Magnesium, Phosphate
 - Total Cholesterol/Triglycerides/HDL/LDL
 - High sensitivity C-reactive protein
 - ACR (Urine Albumin Creatinine Ratio) – if known diabetes
 - HBA1c (if known diabetes - up to 4 per year, if diagnostic - 1 per year)
 - Please add any other tests if relevant (eg. Imaging, etc)

*Bulked billed by Laverty and Douglass Hanly Moir Pathology

PATIENT MEDICAL HISTORY (please tick where appropriate)

- Diabetes
- Hypertension.....
- Dyslipidaemia.....
- Obesity (BMI).....
- Cardiovascular Disease.....
 - Stroke IHD PVD
 - Significant family history
- Other – describe below. **Please include mental health diagnosis:**

LIST MEDICATIONS OR ATTACH

LOCATIONS:

Concord Hospital Medical Centre, Level 2
 Hospital Road
 Concord NSW 2139
 T | (02) 9767 7161
 F | (02) 9767 7107
 W | www.ccchip.clinic
 E | referralk@ccchip [4 4]

CPC RPA ccCHIP Clinic
 The Charles Perkins Centre RPA Clinic
 Johns Hopkins Drive
 Camperdown NSW 2050
 T | (02) 9767 6027
 F | (02) 9767 7107
 W | www.ccchip.clinic
 E | referralk@ccchip [4 4]

CLINIC USE ONLY

Date received by ccCHIP clinic:
 / /

Date patient seen by ccCHIP clinic:
 / /