

# Compass Geriatrics

## Private Hospital Admission Referral Form

### Patient Details

Full Name:	<input type="text"/>
DOB:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
Medicare No:	<input type="text"/>
Private Health Fund:	<input type="text"/>
Membership No:	<input type="text"/>

### Referrer Details

Referrer Name:	<input type="text"/>
Provider No:	<input type="text"/>
Practice / Hospital:	<input type="text"/>
Contact Phone:	<input type="text"/>
Secure Messaging ID:	<input type="text"/>

### Admissions accepted for

- ☐ Medical Care (referral from Community/GP or Emergency Department)
- ☐ Rehabilitation (referral from Community/GP)

### Please call directly to discuss admission details

Tel: 1800955802

### Submission Options

- Secure email: [compassgeriatrics@proton.me](mailto:compassgeriatrics@proton.me)
- HealthLink ID: compassg