

General Referral Form & Information • Dr Mark Donohoe

129A Raglan St, Mosman NSW 2088 Tel: 02 9968-1087 Fax: 02 9968-4778 drmark@bigpond.net.au

Referring Practitioner	Patient details
	Name: _____ Practice ID#: _____ Address: _____ _____ Phone(s): _____ DOB: / / Age: Sex: F M

For detailed referral form and requests, please use the other side of this form

I am referring my client, _____
 who suffers from _____ for the following:

- Assessment and opinion only _____
- Investigation & report of results _____
- Initiation / modification of treatment _____
- Prescription & ongoing treatment _____

Preferred contact method: mail email fax phone _____
 Report after last consultation only (default) Progress report with each consultation
 Provide relevant articles/evidence with final report (extra charges may apply)

Information about your referral

You have been referred to Dr Donohoe, a general practitioner trained in Nutritional and Environmental Medicine. Some testing may attract a Medicare benefit, but this applies only to tests with Medicare item numbers which are necessary for the diagnosis and management of your health problems. Other tests are privately billed. Some prescription medications may be subsidised under the PBS, others may attract private health fund rebates, while others attract no reimbursement at all.

After your consultations with Dr Donohoe, you will be returned to the care of the practitioner who referred you, with a letter and copies of results or treatments initiated. Typically, two or three consultations are required. Dr Donohoe will not be taking over your care, but will be liaising with your practitioner in your care.

Please note that these referrals are not for medicolegal purposes. Dr Donohoe will be involved in your management and cannot therefore act as an independent medical expert.

Information about the consultation

Practice hours are 10 AM to 5 PM Tuesday to Friday. You need to phone Suzanne at Dr Donohoe's Practice (02 9968-1087) to make an appointment.

Please bring this referral and any copies of reports, test results and treatment list (alternative and orthodox medications) on the day of the consultation.

Consultations are of 25 minutes duration. The cost is \$125, with Medicare rebates typically about \$40. If you cancel less than two working days before the appointment, a cancellation fee of \$62.50 will apply. Payment (cash, cheque, Bankcard, Mastercard and Visa) is required at the time of the consultation. Extra work requested will be billed at \$250 per hour.

Dr Donohoe's practice is approximately 200 metres from Mosman Junction (*not* Spit Junction). Take the 247 bus from Wynyard to Mosman Junction, or take the ferry to Mosman Wharf and then the bus to Mosman Junction.

Please call Suzanne with any other inquiries.

Signed _____

Date / / _____

Detailed Referral Form • Dr Mark Donohoe

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Referring Practitioner	Patient details
	Name: _____
	Practice ID#: _____
	Address: _____ _____
	Phone(s): _____
	DOB: / / Age: Sex: F M

Reasons for referral *(please check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Advice/opinion only | <input type="checkbox"/> Exclude serious disease | <input type="checkbox"/> Specialist medical referral |
| <input type="checkbox"/> Adverse drug reaction | <input type="checkbox"/> Vaccination reaction | <input type="checkbox"/> Medication change |
| <input type="checkbox"/> Prescribe treatment | <input type="checkbox"/> Initiate treatment | <input type="checkbox"/> Review/adjust treatment |
| <input type="checkbox"/> Longevity assess / advice | <input type="checkbox"/> Longevity/hormonal prescription and treatment | |
| <input type="checkbox"/> Other _____ | | |

Client - Diagnoses and/or health problems *(please check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy/intolerances | <input type="checkbox"/> Chemical injury | <input type="checkbox"/> Chemical sensitivity (MCS) |
| <input type="checkbox"/> Chronic fatigue syndrome | <input type="checkbox"/> Immunological problems | <input type="checkbox"/> Autoimmune disorder |
| <input type="checkbox"/> Infection (EBV, candida, etc) | <input type="checkbox"/> Neurological | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Hormonal problems <input type="checkbox"/> Adrenal <input type="checkbox"/> Pancreatic <input type="checkbox"/> Pituitary <input type="checkbox"/> Pineal <input type="checkbox"/> Sex hormones <input type="checkbox"/> Thyroid | | |
| <input type="checkbox"/> Other _____ | | |

Treatments and basic case notes *(attach separately if needed)*

Drug therapy	Natural/complementary medicines	Natural/complementary therapists

Clinical notes _____

Investigations proposed *(if any)*

- | | |
|--|--|
| <input type="checkbox"/> Blood count / biochemistry | <input type="checkbox"/> Nutrition (TEs, B12 etc) |
| <input type="checkbox"/> Allergy/sensitivity testing | <input type="checkbox"/> Immune assessment |
| <input type="checkbox"/> Infection testing (serology) | <input type="checkbox"/> Autoimmune assessment |
| <input type="checkbox"/> Cardiovascular risk | <input type="checkbox"/> Toxic metals (Hg, Pb etc) |
| <input type="checkbox"/> Hormones - saliva / blood _____ | |
| <input type="checkbox"/> "Leaky gut" (IP) test | <input type="checkbox"/> Liver detox profile |
| <input type="checkbox"/> Stool analysis (CDSA) | <input type="checkbox"/> Post chelation metals |
| <input type="checkbox"/> Bioscreen gut flora test | <input type="checkbox"/> Bioscreen amino acid test |
| <input type="checkbox"/> Imaging CTXA (o'porosis) / CT / MRI / U'sound | |
| <input type="checkbox"/> Other _____ | |

Treatment/prescription proposed *(if any)*

- | | |
|--|--|
| <input type="checkbox"/> Revise drug therapy _____ | |
| <input type="checkbox"/> Drug to Natural Rx transfer _____ | |
| <input type="checkbox"/> Allergy management | <input type="checkbox"/> Initiate special diet |
| <input type="checkbox"/> Oral detox/chelation | <input type="checkbox"/> IV detox/chelation |
| <input type="checkbox"/> Hormonal Rx _____ | |
| <input type="checkbox"/> IV Vit C / nutrients | <input type="checkbox"/> Cardiovascular Rx |
| <input type="checkbox"/> Gastrointestinal Rx | <input type="checkbox"/> Fatigue management |
| <input type="checkbox"/> Longevity program | <input type="checkbox"/> Med specialist referral |
| <input type="checkbox"/> Other _____ | |

Signed _____

Date / / _____