

# Settle Program Referral Form

Dear Dr Dylan Wilson,

Thank you for seeing the below patient.

(Note: this referral will be allocated to the appropriate Leading Steps Paediatrician according to availability).

Patient details		
Patient's full name:		
Parent/guardian full name:		
Date of birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address:		
Phone:		
Medicare number:	Ref:	Expiry:
<input type="checkbox"/> Private <input type="checkbox"/> Third Party <input type="checkbox"/> Self-funded		
Health fund:	Membership no:	

Reason for referral:	Medical history (or attached separately)
<input type="checkbox"/> Baby not sleeping	
<input type="checkbox"/> Baby irritable	
<input type="checkbox"/> Feeding problems	
<input type="checkbox"/> Parent request	
<input type="checkbox"/> Other:	
Is the baby known to a Leading Steps Paediatrician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which doctor?	Current medications:
	Investigations to date:

Please provide further information you feel may be of assistance

Referring doctor		
Name:		
Address:		
Phone:	Signature:	Date:

Please fax this form to 07 55 300 660 or email it to [gcppaeds@healthscope.com.au](mailto:gcppaeds@healthscope.com.au) and we will contact you to organise an appointment.  
Phone 07 55 300 819 for further information and preparation advice.

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