Australian Prostate Centre
Together for men's health

Level 8, 14-20 Blackwood Street
North Melbourne, VIC 3051
P (03) 8373 7600
F (03) 9328 5803
australianprostatecentre.org.au
info@apcr.org.au

# Referral

Referral Date:_____

Referral to:

| | |
|---|---|
| **Name:** | Australian Prostate Centre |
| **Address:** | Level 8, 14 – 20 Blackwood Street North Melbourne VIC 3051 |
| **Phone:** | 03 8373 7600 |
| **Fax:** | 03 9328 5803 |
| **Email:** | info@apcr.org.au |
| **Argus:** | 707797@argus.net.au |
| **Healthlink EDI:** | austproc |

**Referring Practitioner:**

**Name:**_____

**Provider Number:**_____

**Address:**_____

_____

**Phone:**_____

**Fax:**_____

**Email:**_____

Patient Details:

**Title:**_____

**Full Name:**_____

**DOB:**_____

**Preferred Name:**_____

**Sex:** Male Female Non-Binary

**Medicare No:**_____ **Ref**: ____

**Interpreter Required**: Yes No

**Address:**

_____

_____

**Phone:**_____

**Mobile:**_____

**Email:**_____

**Pension No**: _____

**Preferred Language:**_____

**Reason for Referral:**

**Please attach all clinical information, pathology and radiology reports**.

**Once completed, please send the referral by fax, email, Argus or Healthlink and we will be in contact with the patient with an appointment.**

**Other Notes:**