

# Olympic Park Sports Medicine Centre

Olympic Park  
Sports Medicine  
CENTRE



for all athletes great & small

## REFERRAL FOR TREATMENT

To: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PATIENT DETAILS

Mr  Mrs  Master  Miss  Ms  Dr  Prof  Other Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PROVISIONAL DIAGNOSIS:

History:

### SERVICES REQUESTED:

[Consult our website for the list of procedures and diagnostic tests available at OPSMC]

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

If Female: Pregnant:  Yes  No Breast -Feeding:  Yes  No

### REFERRING PRACTITIONER

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Provider Number: \_\_\_\_\_

*(Medical Practitioners Only)*

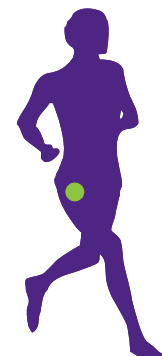
Address: \_\_\_\_\_

Duration of Referral: 3 Months 12 Months Indefinite

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[www.opsmc.com.au](http://www.opsmc.com.au)



For All Appointments

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AAMI Park  
MELBOURNE VIC 3004

Geelong Campus

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