

## REFERRAL TO LIFEHOUSE HEAD AND NECK SURGICAL CLINIC

<b>Referral to:</b> Chris O'Brien Lifehouse Rooms	Port Macquarie Rooms		<b>Period of referral:</b> 12 months Indefinite									
<b>Named referral only:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A/Prof Sydney Ch'ng</td> <td style="width: 33%;">Prof Jonathan Clark</td> <td style="width: 33%;">Dr Anthony Clifford</td> </tr> <tr> <td>A/Prof Michael Elliott</td> <td>Dr Hubert Low</td> <td>A/Prof Carsten Palme</td> </tr> <tr> <td>Dr Kerwin Shannon</td> <td>Dr James Wykes</td> <td></td> </tr> </table>				A/Prof Sydney Ch'ng	Prof Jonathan Clark	Dr Anthony Clifford	A/Prof Michael Elliott	Dr Hubert Low	A/Prof Carsten Palme	Dr Kerwin Shannon	Dr James Wykes	
A/Prof Sydney Ch'ng	Prof Jonathan Clark	Dr Anthony Clifford										
A/Prof Michael Elliott	Dr Hubert Low	A/Prof Carsten Palme										
Dr Kerwin Shannon	Dr James Wykes											
<b>Reason for Referral:</b> <b>Symptoms:</b> Hoarse Voice                  Swallowing Problem                  Throat Pain Other:												
<b>Clinical Problem:</b> Neck lump    Thyroid / Parathyroid disease Salivary (Parotid/Submandibular) gland disease                  Skin Cancer / Melanoma Oral cavity lesion    Head and Neck cancer Other:												

### PATIENT DETAILS

Surname			
Given names			
Date of birth		Email	
Address			
Contact phone numbers	Home	Work	Mobile
Health fund details			

### REFERRER DETAILS

Name:	Provider number:
Address: (or stamp)          Signature:	Phone:  Fax:  Email:  Date:

### Contact Details

Head & Neck: Tel: (02) 8514 0432    Fax: (02) 9383 1033    E: headandneck@lh.org.au

Afterhours Tel 02 8514 0044 or Email: shirin.amirbeaggi@lh.org.au