



Please complete the form and attach with photos of the injury and email to CRGH.BurnsUnit@sswahs.nsw.gov.au prior to any consultation so patient is allocated a medical record number -+ (MRN)

Referring facility:		Ph:	
Name of Dr:			
Given name SURNAME:		DOB :	
Country of birth:		Gender: M / F	
Address:			
Contact:		Ph:	M:
Email:			
Person for contact:			
Phone:			
Relationship to patient:			
Medicare Number:		Corresponding number next to name:	
		Exp date:	
Allergies:			
Mechanism of Injury:		Date of Injury:	Time of Injury:
First Aid: Y/ N		Location of Burn:	
ADT status:			
Workers comp		Y / N	
Overseas		Y/ N	

BURN Unit

7th Floor Hospital Road Concord 2139 Ph: 02 9767 7776 Fax: 02 9767 5835 **only during working**

hours 7:30 – 4pm (Clinic)

Fax: 02 9767 7435 (Unit)