



Health
Sydney
Local Health District



National Centre Veteran's Healthcare (NCVH) Referral Form

Ph: (02) 9767 8669 Fax: (02) 9767 8668

Site: Concord Repatriation General Hospital

SLHD-ConcordNCVHIntake@health.nsw.gov.au

NCVH Specialist Services

All patients will receive a comprehensive clinical assessment. Referral to all providers facilitates this process.

NCVH comprehensive referral (preferred):

- Dr Winnie Hong (Chronic Pain), Dr Huw Davie (Drug Health), Dr Gavin Angus-Leppan (Psychiatry), Dr Patrick Arulanandam (Rehabilitation Medicine), Dr Cameron Korb-Wells (A/Medical Director), Dr Charles Betts (Psychiatry), Dr Tze Chow Chow (Chronic Pain)

Or named referral only:

- Dr Winnie Hong (Chronic Pain)
- Dr Huw Davie (Drug Health)
- Dr Gavin Angus-Leppan (Psychiatry)
- Dr Tze Chow Chow (Chronic Pain)
- Dr Patrick Arulanandam (Rehabilitation Medicine)
- Dr Cameron Korb-Wells (A/Medical Director)
- Dr Charles Betts (Psychiatry)

Referrer Details (GP referral required)

Referrer Name:	Date of Referral:
Organisation:	Provider Number:
Address:	
Phone Number: ()	Fax: ()
Email:	

Patient Details

Surname:	Given Names:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:
Address:	
Phone: ()	Email:
Medicare Number:	
Contact person:	Relationship to patient:
Contact person mobile:	Other contact person details:

Australian Defence Force (ADF) History

Patient is only eligible for NCVH services if he/she is a current ADF serving member or has served in the past.

- Is patient a current service ADF member? Yes No
 Has the patient served in ADF in the past? Yes No

DVA entitlements: <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> No entitlement	DVA Number:
Years of service:	Branch of service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Reserves
Field of ADF work:	Number of Deployments:
ADF discharge: <input type="checkbox"/> Voluntary <input type="checkbox"/> Non-voluntary <input type="checkbox"/> Medical grounds <input type="checkbox"/> Compulsory retirement age	
ADF discharge summary: <input type="checkbox"/> Yes (please attach if available) <input type="checkbox"/> No	
Receiving ongoing support or treatment relating to military service (please attach notes if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	

BINDING MARGIN - NO WRITING

REORDER: PHOTOCOPY

National Centre Veteran's Healthcare (NCVH) Referral Form

AMR005.007



National Centre Veteran's Healthcare (NCVH) Referral Form

Site: Concord Repatriation General Hospital

Ph: (02) 9767 8669 Fax: (02) 9767 8668
SLHD-ConcordNCVHIntake@health.nsw.gov.au

Referral Details

Reason for referral / diagnosis:

Medical History (please attach additional details if required):

Mental Health Diagnoses (please tick all applicable boxes):

PTSD Depression Anxiety Panic attacks

Substance use – current/past; which substance(s) _____

Other diagnoses:

Current Medications (or attach):

Is there a history of concussion or other head injury? Yes No

Are there ongoing issues following the head injury? Yes No

Details:

Has the patient experienced any issues with anger management? Yes No

Details:

Prior Medical Specialist Contacts (please attach Care Plan if available):

1. Chronic Pain: _____ 4. Rehabilitation Medicine: _____

2. Drug Health: _____ 5. Other: _____

3. Mental Health: _____

Other Comments:

**** Please attach any relevant investigation results and/or ADF Post-Discharge GP Health Assessment if available ***

Referrer's signature: _____

Office use only:

Date Received:	1 st contact:	Intake:
----------------	--------------------------	---------

Practice stamp (if applicable)

BINDING MARGIN - NO WRITING

REORDER: PHOTOCOPY

National Centre Veteran's Healthcare (NCVH) Referral Form

AMR005.007