

<b>DATE:</b>	<b>OTHER INDICATION:</b>
<b>RELEVANT CLINICAL QUESTIONS</b>	

**REFERRING DOCTORS DETAILS**

<b>NAME</b>	<b>PROVIDER NUMBER</b>	
<b>ADDRESS</b>	<b>Phone</b>	
	<b>Fax</b>	
	<b>Email</b>	

**PATIENTS ADMINISTRATIVE DETAILS**

<b>NAME:</b>	<b>DOB</b>	
<b>ADDRESS:</b>	<b>Phone (Home)</b>	
	<b>Phone (Work)</b>	
	<b>Mobile</b>	
	<b>Email</b>	
<b>MEDICARE NUMBER:</b>	<b>PENSION NUMBER:</b>	

<b>Changes in medical history since last consultation</b>	<b>CURRENT MEDICATIONS</b>	
	<b>Medication</b>	<b>Dose</b>

<b>WEIGHT</b>	kg	<b>BLOOD PRESSURE</b>	mm/Hg
---------------	----	-----------------------	-------

**CLINICAL EXAMINATION**

Chest Crackles  
  Chest Wheezes  
  Retinopathy  
  Heart Murmur  
  Bruits  
  None of the above  
 Foot ulcers  
  Ankle Swelling  
  Tachycardia  
  Bradycardia  
  Irregular pulse  
  Not done

Has the patient had any of the following events since the last consultation?

None  
  Acute Myocardial Infarction  
  Congestive Heart Failure  
  CVA/TIA  
 Acute Kidney Injury  
  Hospitalisation  
  Amputation  
  Unknown

Hospitalisation (if yes)	Date	Reason
-----------------------------	------	--------

Please Fax this Follow-up Form and current relevant results to 02-9553 8192.

Thank you  
 Renal Department, St. George Hospital  
 Telephone: 9113 2181