

## Melbourne Gastro- Oesophageal Surgery Referral

Referral to:  Mr Michael Hii       Dr Nicole Winter       Mr Matthew Read  
 Dr Salena Ward

### Patient Details:

Name: .....

Address: .....  
 .....

Phone: .....

### Reason for referral:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abdominal Hernia        | <input type="checkbox"/> Achalasia/Difficulty Swallowing | <input type="checkbox"/> Adrenal Pathology |
| <input type="checkbox"/> Gallstones              | <input type="checkbox"/> Gastric Cancer                  | <input type="checkbox"/> Hiatus Hernia     |
| <input type="checkbox"/> Oesophageal Cancer      | <input type="checkbox"/> Pharyngeal pouch                | <input type="checkbox"/> Reflux disease    |
| <input type="checkbox"/> Splenic Pathology       | <input type="checkbox"/> Weight Loss Surgery             |  |
| <input type="checkbox"/> Other (please specify): | .....  |  |

### Clinical Information:

Referring Doctor: .....      Provider No: .....

Address: .....  
 .....      Phone: .....

Signature: .....      Date: .....