

**PHYSICIAN REFERRAL GENERAL**

REFERRAL TO:

REASON FOR REFERRAL / PRESENTING PROBLEM

SPECIFIC TEST / PROCEDURE

HISTORY

CURRENT MEDICATION / TREATMENT

PROVISIONAL DIAGNOSIS

COMMENTS (E.D.D. SPECIAL INSTRUCTIONS, OTHERS INVOLVED, ETC)

PAEDIATRIC SEDATION (if necessary) - CHLORYL HYDRATE (50 mg/kg) PO  Yes  No

REFERRED BY DR. \_\_\_\_\_ DATE OF REFERRAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

