SA Infusion Services

REFERRAL FORM

Email all Referrals to: *info@sainfusion.com.au*

OR Fax to: (08) 8265 7053

PREFERRED LOCATION

☐ ST PETERS ☐ KIDMAN PARK ☐ PARA HILLS

PATIENT DETAILS

Name: _____

Address: _____

Date of Birth: _____

Contact Phone: _____

REFERRER DETAILS (or stamp)

Doctor Name: _____

Provider No.: _____

Practice: _____

Phone or Email: _____

*** If the referring GP or referring specialist is able to, we kindly request they provide the script for the IV iron medication to the patient at the time of referral, for the patient's convenience. If not, we can arrange for the script to be written on the day of their appointment.*

TO BE COMPLETED BY GP / REFERRER

☐ I am including the essential clinical information required for triage and calculation of total iron requirement as described below.

☐ Pathology results attached: FBC, iron studies, LFTs — PREFERABLY DONE WITHIN LAST 4 WEEKS

Tick the criteria they meet below (select ANY that apply):

☐ Hb ≤100 g/L OR Ferritin ≤30 µg/L

☐ Ferritin ≤100 µg/L with transferrin saturation <15%

☐ Symptoms of iron deficiency AND Ferritin ≤50 µg/L

Is the patient pregnant?

○ Yes ○ No

Age: _____

☐ Patient age ≥ 14 years old (SA Infusion Services only provides iron infusions to non-pregnant patients, aged 14 or above.)

Weight (kg): _____

Allergies, including previous allergic reaction to intravenous iron:

PLEASE NOTE

Investigation of the underlying cause(s) of the patient's iron deficiency, and treatment of these causes, are NOT the responsibility of SA Infusion Services and remain the referrer's responsibility. Referrer to consider a separate referral to appropriate specialty if required. It is the referrer's responsibility to follow up results of the iron studies to be performed 6 weeks after the iron infusion.

Referrer MUST also advise patient on plan with oral iron supplementation if currently being taken (general advice would be to stop oral iron 7 days prior to the iron infusion and for 5 days after the infusion).

If patient is younger than the age of 18, they must present with a parent or guardian.

Date: _____ GP / Referrer Signature: _____