



Queensland Government
Queensland Health

Sunshine Coast – Wide Bay Health
Service (Southern Cluster)
**McGrath Breast Care Nurse Referral
Form**

Facility: GYMPIE HOSPITAL

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

Date: ___/___/___

Reason for Referral :

Referring Agency:

Hospital

General Practitioner

Specialist

Community Agency

(Please Specify)

Referred by:

Name: _____ Phone: _____
(Please Print)

Designation: _____

Referral to be forwarded to:

McGrath Breast Care Nurse,
GYMPIE HOSPITAL
LMB 15,
Gympie. Qld. 4570

Telephone: (07) 54898426

Fax: (07) 54898482

OFFICE USE ONLY:

Date Referral Received: ___/___/___

Received By: _____
(Breast Care Nurse)

DO NOT WRITE IN THIS BINDING MARGIN

Version and date here