




REFERRAL FORM

West Australian Geriatric Specialists
South Perth WA 6151

For All Appointments:

 08 6166 3769 / Fax: 08 6316 1423

 reception@wags.net.au

www.wageriatricspecialists.com

Patient Name: _____

Address: _____

DOB: ____/____/____ Phone: _____

Medicare number: _____ Ref: _____

Medical History/ Medications:

Preferred Specialist:

- First Available (Any specialist)
- Dr Kapila Abeyseriya
- Dr Shabana Ahamed
- Dr Sneha Bharadwaj
- Dr Vethanjaly Khokulan
- Dr Dani Kostova
- Dr Hyun (Suk) Lee
- Dr Poh Kooi Loh
- Dr Bhaskar Mandal
- Dr Vathani Surendran
- Dr Shipra Verma
- Dr Philip McDaid
- Dr Roshini Mohan
- Dr Roger Warne
- Dr Mugunthan Krishneswaran
- Dr Kenneth Otome – Infectious Diseases

Reason for Referral

- Standard Consultation
- Comprehensive geriatric Assessment
- Home Visit/ Nursing Home Visit
- Admission to Hospital
- Other

Locations: Attadale, South Perth, SJOG Murdoch, SJOG Mt Lawley, Waikiki, Mount, Queensgate Specialist Centre Canning Vale, GSSC- Albany

Referring Doctor Name: _____

Practice Address: _____

Provider No: _____

Date: _____