

Menzies Blood Pressure Clinic Referral Form



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MENZIES 
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For the referral of patients with difficult to treat hypertension for further assessment and management recommendations. All our services are bulk-billed. Please return completed referral form by fax, post or email.

This form is also available electronically as a template for Medical Director and Best Practice software from Tasmania Medicare Local (www.tasmedicarelocal.com.au/search/node/menzies).

Referring Doctor Details

Referral date

Name

Provider #

Practice

Address

City/Suburb

Post Code

Phone

Fax

Patient Demographic Information

Name

DOB

Gender

Home Address

City/Suburb

Post Code

Home Phone

Work Phone

Mobile

Email

Health Summary Report

Please provide a brief summary of the patient's health:

Latest clinical BP
measurements

Date

Blood pressure

Allergies, reactions and other pertinent information

Investigation Results

Please attach any investigations/results pertaining to target organ damage / secondary hypertension (ie renal function tests, echocardiography, ECG, urine ACR, other relevant tests)