



Department of Health
Government of Western Australia
WA Country Health Service

Section A
Medical Practitioner to complete

1. PERSONAL DETAILS			
Title	Surname	Given Names	
DOB / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
2. REFERRAL DETAILS			
Referral must be to the closest available specialist (including visiting specialists) to receive PATS unless there are clinical reasons. If referral is not to the nearest eligible specialist please complete section 5 below. Specialist Location Regional <input type="checkbox"/> OR Perth <input type="checkbox"/> If the patient is not seeing the Nearest Specialist please indicate why. Urgency <30 days <input type="checkbox"/> Other <input type="checkbox"/> Is this patient appropriate for Telehealth services? (Videoconference) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Specialist	Specialty	Appointment date & time	Hospital or suburb
Is the medical specialist appointment for Initial Treatment <input type="checkbox"/> OR Follow-up <input type="checkbox"/>			
Is the medical specialist appointment for Inpatient <input type="checkbox"/> OR Outpatient <input type="checkbox"/>			
Is the medical specialist appointment for Consultation <input type="checkbox"/> OR Procedure <input type="checkbox"/>			
3. RECOMMENDED MODE OF TRAVEL			
Does the patient's medical condition require air travel? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the patients medical condition meet the pre-defined circumstances to receive taxi vouchers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please complete section 5 with clinical details to support the PATS application.			
4. ESCORT			
Does the patient's medical condition require travel with an escort? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Except for children under 18 years and pre-defined circumstances, an escort must be necessary for the medical well-being of the patient. If an escort is recommended for an adult patient please complete section 5 below.			
5. CLINICAL DETAILS TO SUPPORT SECTIONS 2, 3 & 4			
6. REFERRING MEDICAL PRACITIONER STAMP / DETAIL AND SIGNATURE			
Name	I certify that I am the referring Medical Pracitioner and that the information given is correct.		
Address			
Telephone	Signature	Date	
Provider Number			

PATS 0.2 **WA COUNTRY HEALTH SERVICE** **MEDICAL PRACITIONER REFERRAL TO PATS**



**Department of Health
Government of Western Australia
WA Country Health Service**

**Section B
Medical Practitioner to
complete**

7. LIST OF SPECIALTIES

Sub-Specialty	Tick ✓	Sub-Specialty	Tick ✓
Adult Medicine		Obstetrics & Gynaecology	
General Medicine		Maternal – Fetal Medicine	
Cardiology		Obstetric & Gynaecological Ultrasound	
Clinical Genetics		Reproductive Endocrinology & Infertility	
Haematology		Urogynaecology	
Immunology & Allergy		Gynaecology	
Clinical Pharmacology		Obstetrics / Pre-natal Care	
Endocrinology		At risk pregnancy / Obstetrics	
Gastroenterology & Hepatology		Surgery	
Geriatric Medicine		General Surgery	
Infectious Disease		Cardiothoracic Surgery	
Nephrology (Renal Medicine)		Gastroenterology	
Neurology		Hand Surgery	
Rheumatology		Neurosurgery	
Thoracic and Sleep Medicine		Oral and Maxillofacial Surgery	
Sleep Studies		Orthopaedic Surgery	
Paediatric Medicine		Otolaryngology	
General Paediatrics		Paediatric Surgery	
Psychiatry		Plastic & Reconstructive Surgery	
Clinical Genetics		Urology	
Neonatology & Perinatal Medicine		Vascular Surgery	
Paediatric Cardiology		Other	
Clinical Haematology		Addiction Medicine / Drug / Alcohol	
Clinical Immunology & Allergy		Cases for recoup – eg Breast Screen	
Endocrinology		Dermatology	
Gastroenterology & Hepatology		Escort only or IHT	
Infectious Disease		Exceptional Circumstances incl Dental	
Nephrology (Renal Medicine)		Occupational Medicine (not Workers Comp)	
Neurology		Oncology (med, surg & Gynae)	
Rehabilitation Medicine		Oncology - Radiation	
Rheumatology		Ophthalmology	
Thoracic		Pain Medicine	
Sleep Medicine		Palliative Medicine	
Radiology		Psychiatry	
Diagnostic Radiology (CT or X-Ray)		Public Health Medicine	
Magnetic Resonance Imaging (MRI)		Treatment of Cleft Lip / Palate	
Diagnostic Ultrasound		Wheelchair	
Diagnostic Nuclear Medicine		<i>Adapted from the Medical Specialties list maintained by the Australian Medical Council, current as at June 2006.</i>	
Mammography			

SECTION C INSTRUCTIONS TO LODGE APPLICATION

8. INSTRUCTIONS TO PATIENT

Please submit this PATS form to your PATS Office AS SOON AS POSSIBLE and PRIOR to any travel being undertaken. PATS applications do not grant automatic eligibility to assistance and may take up to ten working days to process. The PATS Office will give you a personal detail form to complete and submit with this application.

9. DETAILS OF LOCAL PATS OFFICE

PATS 0.2 WA COUNTRY HEALTH SERVICE MEDICAL PRACTITIONER REFERRAL TO PATS