

Second opinion pharmacist service

ReturnToWorkSA and SA Health Drug and Therapeutic Information Service (DATIS)

PATIENT DETAILS (MANDATORY)			
Surname			
First name/s			
Date of birth		Gender	<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Other
RTWSA claim number			
REFERRAL (MANDATORY)			
<input type="checkbox"/> Telephone reply <input type="checkbox"/> Request for in clinic discussion with doctor <input type="checkbox"/> Request for in-clinic consult with patient <input type="checkbox"/> Email reply (NB: not a billable service)			
Reason for referral			
Timeframe for service			
<input type="checkbox"/> 0 - 2 business days <input type="checkbox"/> 2 - 5 business days <input type="checkbox"/> 1 - 2 weeks <input type="checkbox"/> 2 - 4 weeks			
ADDITIONAL INFORMATION (OPTIONAL)			
Clinical history			
Current medication list			
DOCTOR DETAILS (MANDATORY)			
Name			
Signature			
Date of referral			

Fax to (08) 7425 8477 or email health.DATIS@sa.gov.au

For further information please call (08) 7425 8444