Government of South Australia
SA Health

Central Adelaide Local Health Network
ROYAL ADELAIDE HOSPITAL
SA Tuberculosis Services
Thoracic Medicine, Clinic 3E
1 Port Rd Adelaide, SA 5000

REFERRAL
REQUEST FOR TB APPOINTMENT
Student healthcare worker assessment

IGRA blood test AND chest x-ray MUST be completed before referral

Referral to	**SA TB Services**	Hospital	RAH
FAX	7117 2998	Phone	7117 2900

Student Details

First Name		Last name	
DOB	/ /		
Address			
Phone			

Date of Referral	/ /
Reason for Referral (please circle)	1. POSITIVE IGRA + chest x-ray completed 2. IMMUNESUPPRESSED + chest x-ray completed IGRA: Positive / Negative 3. SYMPTOMS that may indicate Active TB
Radiology	Bensons / Jones / Radiology SA / Other: _____
Notes	

Referrer Details

Name	
Practice	
Address	
Phone	
Signature	