



Clinical Trials Patient Referral Form

Please return the completed form to Sarah Chivers at schivers@skinhealthinstitute.org.au or fax to (03) 8080 0785. The clinical trials team would like to thank you for your referral.

Participant Details

Name: _____

Date of Birth: _____ Contact Number: _____

Email address: _____

Skin Condition: _____

Specific Clinical Trial (if applicable): _____

Skin Health Institute Patient Number (if applicable): _____

Comments (Relevant Medical History/Medication, Assessment Scores – if applicable):

Referrer Details

Name: _____

Contact Number: _____

Email: _____

Clinic Name: _____