



QUEENSLAND INSTITUTE OF  
DERMATOLOGY

# Hidradenitis Suppurativa Referral

Date:

Dear

Please select a dermatologist from the drop down

Queensland Institute of Dermatology  
Ground Floor, 10 Browning Street  
South Brisbane Qld 4101

Ph: 3329 4400      Fax: 3329 4455  
Email: [info@qiderm.com.au](mailto:info@qiderm.com.au)

Patient Full Name

Patient Date of Birth

Patient Address & Contact  
Details:

Thank you for seeing my patient for opinion and management of the below.  
Presenting Problem:

Clinical History:



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Allergies:

Thank you for your care and assistance. I look forward to hearing the outcome of attendance.

Regards

Referring Doctor:

Provider Number:

Practice Name:

Practice Address:

**Practice Contact Details**

Phone:

Email:

Fax:

To submit this form please email [info@qiderm.com.au](mailto:info@qiderm.com.au) or fax this form to 07 3329 4455