## Women’s Health Specialist Clinics Referral Form

**The Royal Women’s Hospital**

**Fax referral:** (03) 8345 3036

**From practice software, email:** [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au)

**Abortion and Contraception Service fax: (03) 8345 2833 or email:** [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au)

*For eligibility criteria:* [*www.thewomens.org.au/health-professionals/womens-health-services/abortion-contraception-service*](http://www.thewomens.org.au/health-professionals/womens-health-services/abortion-contraception-service)

*If the patient does not meet eligibility criteria, please direct them to 1800 My Options*

**Date:** Click or tap to enter a date.

### Patient Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: | | | Last Name: | |
| Date of Birth: | **Gender:** | | **Medicare Number:** | **Exp. Date:** |
| Address: | | | **Suburb:** | **Postcode:** |
| Home Phone: | | **Mobile:** | **Email:** | |
| Language:  English  Other, specify: | | | **Interpreter required?**  Yes No | |
| Aboriginal or Torres Strait Islander?  Yes  No | | | **Disability or special needs?**  Yes, specify:  No | |

### Referring Doctor Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last name: | |
| Practice Address: | | **Suburb:** | **Postcode:** |
| Phone: | **Fax:** | **Email:** | |
| Provider Number: | | | |
| Usual GP details (if not referring doctor): | | | |

### Referral Details

|  |
| --- |
| Urgency:  Urgent  Routine |
| Re-referral: Is this a re-referral for the same issue due to change in patient condition?  Yes  No |
| Reason for Referral / *Diagnosis:*  *Please provide significant symptoms, signs, physical examination findings, diagnosis/provisional diagnosis (if known), investigations, management/treatment to date and any reasons that identify a need for urgent assessment. If there is insufficient information, triaging will be delayed.* |

### Patient history

|  |  |  |
| --- | --- | --- |
| Height (cm): | Weight (kg): | BMI: |
| Relevant medical and surgical history: | | |
| Relevant mental health / social / genetic / family history: | | |
| Current medicines and supplements: | | |
| Allergies and reactions: | | |
| Other relevant information / cultural safety/ alerts / family violence: | | |

### Investigations

* *Please attach all relevant investigation results (<6 months old) to assist us to triage correctly.*
* *Investigations required:* <https://www.thewomens.org.au/health-professionals/for-gps/referrals/womens-health-and-gynaecology-referrals>

**Test results** (tick all attached)

Radiology provider: Pathology provider:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FBE |  | Tumour markers (e.g. Ca125) |  |
|  | Ferritin |  | Hormonal studies |  |
|  | TFTs |  | Coagulation profile |  |
|  | MSU |  | Most recent CST |  |
|  | Swabs (e.g. vaginal) |  | Pelvic ultrasound |  |
|  | BhCG |  | Mammogram |  |
|  | STI screen |  | Other (specify) |  |

**Consent statement**

* I have obtained the patient’s consent for this referral, its mode of transmission and to share sensitive, personal and health information
* I understand that following triage assessment, this referral may be redirected to a more suitable public health service. *(If your patient does not consent to this, please indicate here: \_\_\_\_\_\_\_\_\_ )*

**Doctor’s signature:**  **Date:** Click or tap to enter a date.

|  |
| --- |
| **General information**   * If emailing [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au) and referral is urgent, use subject line: URGENT\_Pt. Surname\_DoB * If you do not receive a letter in 2 weeks that your referral has been accepted/declined, please contact the Access Centre (GP use only): (03) 8345 2058, option 2 * Appointment details will be sent to the patient * It is the referrer’s responsibility to continue to monitor the patient’s condition and notify us if there is a change that could affect the urgency of treatment, or the care required. * Encourage your patient to use My Health Record to improve access to pathology/imaging reports and discharge summaries   **Useful webpages**   * Women’s Health Specialist Clinics and referral criteria: <https://www.thewomens.org.au/health-professionals/for-gps/referrals/womens-health-and-gynaecology-referrals> * Referring to the Women’s including tips when sending and how we triage: <https://www.thewomens.org.au/health-professionals/for-gps/referrals> * Guidance on assessing, managing and referring some problems can be found on:   Health Pathways: [https://melbourne.healthpathways.org.au](https://melbourne.healthpathways.org.au/)  Victoria’s Statewide Referral Criteria: <https://www.health.vic.gov.au/statewide-referral-criteria>   * Sign up for Parkville Connect to access your patient’s electronic medical record: <https://www.thewomens.org.au/health-professionals/for-gps/parkville-connect> |