## 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

**Abortion and Contraception Service fax: (03) 8345 2833 or email:** 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 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>
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