

WOMEN'S HEALTH AND GYNAECOLOGY REFERRAL FORM



Fax referral to: (03) 8345 3036

Do not fax for Pregnancy Advisory Service (e.g. if considering TOP) – please provide referral letter to patient and ask her to phone: (03) 8345 3060

Dear Dr

As the Women's hospital health services operate mixed outpatient clinics, we request all referrals are addressed to a named medical practitioner. This enables us to provide patients with the choice of being treated as either a private or public patient. Please **see the referrals pages on the Women's website** for the name/s of hospital medical practitioner thewomens.org.au/wm-referrals

Patient Details

First Name	Surname	Date of Birth				
Address						
Suburb	Postcode					
Home Phone	Mobile					
Previous RWH patient	No	Yes	Medicare Number	Exp. date		
Health Insurance Fund	Health Insurance Number		ATSI	No	Yes	
Interpreter required?	No	Yes	Disability or special needs	No	Yes	Specify
Language	Country of birth					

Reason for Referral

Please provide diagnosis, significant symptoms, signs, investigation results and any reasons that identify a need for early hospital assessment. If there is insufficient information, triaging will be delayed.

BMI: <35 >35

Relevant co-morbidities / past medical / psychiatric / genetic / family history

Other Relevant Information

Medicines
Allergies

Investigation Results

Please attach all relevant investigation results to assist us to triage correctly

Pathology Provider	Radiology Provider				
FBE	Tumour markers	Ferritin	Hormonal studies	TFTs	Coagulation profile
MSU	Pap smear	Swabs	Pelvic ultrasound	Mammogram	Other:

Doctor's Signature _____ Doctor Stamp _____

Date _____

Referrals are triaged by a clinician based on the patient's residential address proximity to the Women's and the anticipated need for tertiary level care. Appointment details will be sent to referring GP and patient. Guidance in assessing, managing and referring some problems can be found on the HealthPathways Melbourne website: www.melbourne.healthpathways.org.au