

SWH Specialist Outpatient Clinics Women's Health Service

Level 4, South West Healthcare
Ryot Street
Warrnambool VIC
3280

Tel: 03 5564 4363
Fax: 03 5564 4370
Email: womenshealth@swh.net.au

SPECIALITY REFERRAL FOR GYNAECOLOGY CARE

NAME:

D.O.B:

ADDRESS:

CONTACT PHONE NUMBER/S:

EMAIL ADDRESS:

MEDICARE NUMBER:

Medicare Ref No:

Expiry:

Dear Doctor,

REASON FOR REFERRAL:

- General Gynaecology
- Contraception / Tubal Ligation / IUD
- Dysfunctional Bleeding / Menorrhagia / Post-Menopausal Bleeding
- Abnormal smear requiring Colposcopy
- Termination of pregnancy LMP: _____ Blood Group: _____
- Miscarriage treated in Emergency Dept (Medical follow up within 2-3 days)

Relevant Past History:

Current Medications:

Clinical Details:

- Serology ordered (if necessary): Assessment Ultrasound ordered (if necessary):

**PLEASE FORWARD THIS REFERRAL WITH ANY TEST RESULTS TO
SWH WOMEN'S HEALTH SERVICE PRIOR TO APPOINTMENT.**

**** PLEASE NOTE: IF YOU ORDER ANY TEST, YOU ARE RESPONSIBLE FOR GIVING THE PATIENT
THE RESULT.**

Referring Doctor:

Provider No:

Clinic:

Date:

Signature: