Health
Western Sydney
Local Health District

WentWest
Progressing Health Now

GYNAECOLOGY CLINIC REFERRAL LETTER

CIRCLE which staff specialist/ VMO

- - - -

at Westmead:
Dr Anpalagan
Dr Arrage
A/Prof W.Chan
Dr A.Chen
Dr Goh
Dr Jayasinghe
Dr Kapurubandara
Dr Nikam
Dr Samiei-Sarir
Dr Tong

or
Westmead Clinic

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at Blacktown:
Dr Bates
Dr Chan
Dr Delgado
Dr Gerges
Dr Gomez
Dr Martin
Dr Perera
Dr Santiagu
Dr Vanza
or
Blacktown Clinic

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at Auburn:
Dr Ardalic
Dr Bakal
Dr Inglis
Dr Maravar
Dr Mohan
Dr Noori
Dr Sivananthan
Dr Su
or
Auburn Clinic

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Consultants may choose to exercise their rights

PERSONAL DETAILS:

Name: _____ Medicare No: _____

Date of Birth: ___/___/_____ Telephone No: _____

Address: _____

Email: _____ Interpreter needed: No: ☐ Yes: ☐ if yes specify language

REASON FOR REFERRAL:

- ❒ **Menstrual problem (heavy menstrual, irregular / postcoital or postmenopausal bleeding)**
- ❒ **Ultrasound finding (polyp-fibroid)**
- ❒ **Ultrasound finding (ovarian cyst)**
- ❒ **Pelvic pain / endometriosis**
- ❒ **Incontinence and voiding problem**
- ❒ **Prolapse**
- ❒ **Vulval itch / pain and skin problem**
- ❒ **Infertility**
- ❒ **Other (specify)**

APPOINTMENT WILL NOT BE OFFERED WITHOUT RESULTS ATTACHED

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Please make sure to attach all relevant investigations such as ultrasound & pathology results.

Please also advise your patient to bring films of all ultrasound and CT scans to their visit so that we can review them.

FOR FERTILITY PATIENTS ONLY: PLEASE COMPLETE PARTNER DETAILS BELOW

Name: _____Male/Female/Other: _____Medicare No: _____

Date of Birth: ___/___/_____ Telephone No: _____

Address: _____

Email: _____ Interpreter needed: No: ☐ Yes: ☐ if yes specify language

FOR ALL PATIENTS:

Please provide a short summary of significant symptoms and attach the relevant investigations

(Pelvic ultrasound / any pathology / latest cervical screening result - ☐ self-collect ☐ clinician collect)

Relevant co-morbidities / past medical and surgical history

Medications and allergies

REFERRING DOCTOR'S DETAILS:

Name: _____

Address: _____

Phone: _____ Fax: _____

Provider No: _____

GP Signature:

Date:

PATIENT WILL RECEIVE AN APPOINTMENT LETTER FROM HOSPITAL WITH THE DATE & TIME OF THEIR APPOINTMENT
Please contact the relevant hospital for enquiries regarding your appointment.

Westmead: Fax to 8890 5198 or Email: WSLHD-WestmeadGynaecologyBookings@health.nsw.gov.au
Blacktown: Fax to 8670 5343 or Email: WSLHD-BMDHwhc@health.nsw.gov.au
Auburn: Fax to 8759 3246 or Email: WSLHD-Auburn-Women'sHealth@health.nsw.gov.au

Appointments will be mailed out in approximately 4 weeks unless an urgent appointment is required.

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to private practice. In this case, there will be no out-of-pocket costs incurred.	

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