Health
Western Sydney
Local Health District

GYNAECOLOGY REFERRAL for COLPOSCOPY CLINIC

Please CIRCLE Doctor's name:

Westmead Hospital Clinic Doctors:

Dr A.Chen

Dr Kapurubandara

Blacktown Hospital Clinic Doctors:

Dr Delgado

Dr Perera

Auburn Hospital Clinic Doctors:

Dr Ardalic

Dr Bakal

Dr Inglis

Dr Maravar

Dr Mohan

Dr Noori

Dr Sivananthan

Dr Su

PERSONAL DETAILS

Name _____ **Medicare No.** _____

Date of Birth _____ **Contact No.** _____

Address _____

_____

Email address _____

Interpreter needed? ❒ No ❒ Yes **If Yes, specify language:** _____

REASON FOR REFERRAL (MUST include Cervical Screening Test Report)

- ❒ HPV16 positive
- ❒ HPV18 positive
- ❒ Cytology HSIL or pHSIL or any glandular abnormality
- ❒ Repeat HPV (any) positive at 12 months **and** 24 months
- ❒ Any HPV positive if immunocompromised or over >70 years of age
- ❒ Recurrent post-coital bleeding or other vaginal bleeding
- ❒ History of DES exposure *in utero*
- ❒ Any HPV positive with history of LSIL in pre 1st December 2017 program
- ❒ Cervical Screening (Please circle) - Self collect or Clinician collect
- ❒ Other_____

_____

Relevant co-morbidities / past medical and surgical history _____

_____

_____

Medications and/or allergies _____

_____

REFERRING DOCTOR'S DETAILS

Name: _____

Address: _____

Contact No: _____ **Fax No:** _____

Provider No: _____

Doctor's Signature: _____ **Date:** _____

PATIENT WILL RECEIVE 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	**Gynae Hotline Westmead Only:**	**8890- 6168**
Blacktown:	Fax to 8670-7633	**Gynae Hotline Blacktown Only:**	**8670-8356**
Auburn:	Fax to 8759-3246	**Gynae Hotline Auburn Only:**	**8759-3278**

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