

CONTRACEPTION CLINIC REFERRAL

Please CIRCLE
Doctor's name

Westmead
Hospital
Clinic
Doctors

Dr Kapurubandara

Auburn
Hospital
Clinic
Doctors

Dr Mohan

Blacktown
Hospital
Clinic
Doctors

Dr Gerages

Dr Kapurubandara

Dr Martin

Dr Wong

PERSONAL DETAILS

Name: _____ Medicare No: _____

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

Address: _____

_____ Email: _____

Interpreter: No: Yes: If 'Yes' – specify language?

REASON FOR REFERRAL

- IUCD Insertion Contraceptive Counselling Permanent Contraception
 Implanon Insertion Other (specify) _____

When is the appointment required?

APPOINTMENT GUIDE

Contraception Counselling/Permanent Contraception: Appointments at any time antenatally or postnatally for discussion and planning.

Implanon Insertion: Can be inserted immediately postnatally on ward, no timeframe required. Anytime if referred to gynaecology clinic as long as BHCG negative and no undiagnosed pathological PV bleeding.

IUCD Insertion: Appointment at 4-6 weeks if NVD/instrumental; 6-8 weeks if LSCS (>12 wks for copper IUD). Anytime if referred to gynaecology as long as BHCG negative and no undiagnosed pathological PV bleeding.

RELEVANT HISTORY (obstetric and gynaecological)

Last delivery date: _____ / _____ / _____

Previous mode of delivery: Vaginal delivery LSCS

Last PAP smear date: _____ / _____ / _____

Result: Negative Abnormal (specify)

RELEVANT MEDICAL HISTORY

REFERRING DOCTORS DETAILS

Name: _____

Address: _____

Phone: _____ Fax: _____

Provider No: _____

Please arrange necessary consultation:

GP Signature: _____ Doctor's Name: _____

Date: _____ / _____ / _____

PATIENT WILL RECEIVED AN APPOINTMENT LETTER FROM HOSPITAL WITH THE DATE & TIME OF THEIR APPOINTMENT