

Referral Form

Please complete this form for your patient and ensure they bring it to their appointment.

Patient Details

Name _____

Street address _____

Suburb _____

State _____ Postcode _____

Date of Birth _____ Phone: _____

My patient has requested assistance with (please tick ✓)

Termination of Pregnancy Surgical Medical

LMP Gestation weeks

Contraception

Mirena Multiload or TT380

Vasectomy

Significant medical history and notes

Referrer Information

Name and Address

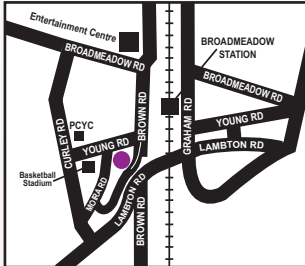
 _____ Provider no. _____

 _____ Signature _____

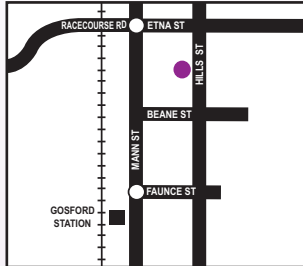
Email: _____ Date _____

Services and Centres

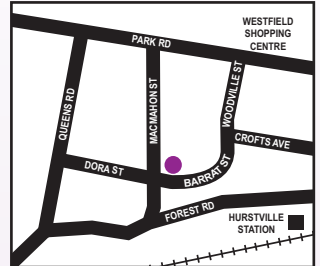
- Surgical pregnancy termination to 14 weeks under IV sedation
- Medical pregnancy termination in early pregnancy
- Follow guidelines recommended by RANZCOG
- Ultrasound assessment for all patients
- Rhesus blood testing and immunoprophylaxis
- Chlamydia Screening
- 24 hour on call service



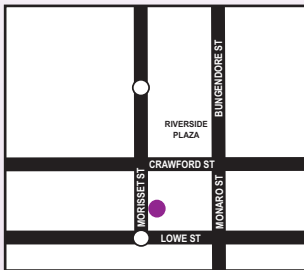
Suite 9, 24 Brown Rd, Broadmeadow
NEWCASTLE 2292
 T: 02 4962 4999
 F: 02 4962 4988



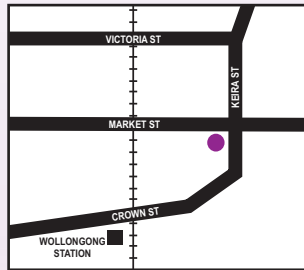
Suite 4, 16-18 Hills St,
GOSFORD 2250
 T: 02 4324 5176
 F: 02 4322 9124



Suite 20, 4th Floor,
 33 MacMahon St, Hurstville
SYDNEY 2220
 T: 02 9585 9599
 F: 02 9585 9716



1st Floor, Morisset House,
 7 Morisset St, Queanbeyan
CANBERRA 2620
 T: 02 6299 5559
 F: 02 6299 5554



Level 3, 166 Keira St,
 Cnr Keira & Market St's,
WOLLONGONG 2500
 T: 02 4227 4100
 F: 02 4227 4122

