

GYNAECOLOGY OUTPATIENT CLINICS – ST GEORGE HOSPITAL

Patients to bring Medicare card and Ultrasound report if they have one.

Please send GP Referral to either fax: (02) 9113 3765 or email to:

SESLHD-StGeorge-GynaeClinic@health.nsw.gov.au

Gynaecology Clinic

- Menorrhagia
- Uterine Fibroid
- PV Bleeding
- Endometrial Polyp
- Ovarian Cyst
- Irregular Menstrual Periods
- Cervical Polyp
- Subfertility
- Infertility
- Mixed gynaecological symptoms
- Implanon insert or removal

Hysteroscopy Clinic

- Endometrium Thickening
- Mirena insertion (BYO) or removal
- Multi-load IUD (Copper IUD) insertion
- IUD removal

Colposcopy Clinic

- Abnormal cervical screening results that require colposcopy
- Post coital bleeding

Menopause Clinic

- Menopause problems

NB: For uterine prolapse or stress incontinence problem refer to Pelvic Floor Bladder Unit on (02) 9113 2272

**ST GEORGE HOSPITAL
WOMEN'S AND CHILDREN'S
PATIENT REFERRAL TO GYNAECOLOGY
OUTPATIENT SERVICE**



Health
South Eastern Sydney
Local Health District

Level 1, Prichard Wing – St George Hospital
Gynaecology Tel: (02) 9113 2162 Fax: (02) 9113 3765
Email: SESLHD-StGeorge-GynaeClinic@health.nsw.gov.au

Referral to: Professor Michael Chapman, Dr Trent Miller, Dr Gavin Sacks, Dr Chandra Krishnan, Dr Greg Davis, Dr John Breen, Dr Steven Thou, Dr David Rosen, Dr Monique Damasco, Dr Ludmilla Collins, Dr Queeny Wong, Dr Kate Kavanagh-Patel

Patient Surname: _____ First Name: _____

DOB: _____

Address: _____

Phone Number: _____ Mobile: _____

Medicare No:																			
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Medicare Expiry Date:/...../.....

Note: include patient's reference number as the eleventh number of the Medicare card

INTERPRETER REQUIRED: YES/NO Dialect: _____

REASON FOR REFERRAL:

MEDICATIONS: _____

Results attached: YES / NO

REFERRING DOCTOR'S SIGNATURE _____ DATE _____

Requesting DR:	
Provider No:	
Telephone:	
Address:	

Please complete this section in full or with practice stamp.