

WOMEN'S HEALTH CLINIC SELF REFERRAL

To request an appointment with our Women's Health Clinic, please complete the form below, and email to

HMCWomensReferrals@hawkinsmedical.com.au



Name: _____ Date of Birth: _____

Phone: _____ Mobile: _____

Address: _____

Medicare Card: _____ Line Number: _____ Expiry Date: _____

Usual GP Clinic: _____

(Please note: We do NOT accept patients without a home clinic)

Usual GP: _____

Reason for attending (please tick):

- | | |
|---|---|
| <input type="checkbox"/> Contraception (including Mirena/IUD) | <input type="checkbox"/> Antenatal Care – approx. weeks gestation _____ |
| <input type="checkbox"/> Contraception (including Implanon) | <input type="checkbox"/> Postnatal Care – delivery date _____ |
| <input type="checkbox"/> Emergency Contraception* | <input type="checkbox"/> Pelvic Pain |
| <input type="checkbox"/> Pre-conception counselling | <input type="checkbox"/> Heavy/Abnormal uterine bleeding |
| <input type="checkbox"/> Threatened miscarriage/miscarriage* | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Perimenopause/Menopause | <input type="checkbox"/> Vaginal Prolapse |

Comments: _____

** These are time dependant conditions. If this request is received just before a weekend or Public Holiday, we may not be able to accommodate you in a timely fashion.*

Before submitting this request; by ticking the boxes below I acknowledge that:

- this clinic is a private clinic and charges private fees
- fees for late cancellation and non-attendance of 75% of the full cost of the consultation will apply
- any previously outstanding accounts will need to be addressed prior to attending your initial consultation with Women's Health @ Hawkins
- I am attending the Women's Health @ Hawkins for the above reason ONLY and accept that I may be referred to my usual GP for any condition outside the scope of the Women's Health clinic.

Requests for appointments where these boxes are not ticked may not be offered an appointment.

Office Use Only:

Date referral received:	Patient details entered into BP: <input type="checkbox"/>
Patient contacted: <input type="checkbox"/>	WHC allocated to patient record #: <input type="checkbox"/>
Left message: <input type="checkbox"/> Appt booked: <input type="checkbox"/>	Referral scanned into system: <input type="checkbox"/>
Details:	Dr Allocated: