

COLPOSCOPY REFERRAL

NB: This is a funded Colposcopy Clinic

UR NUMBER
(PH use only)

SURNAME

GIVEN NAMES

DATE OF BIRTH Gender

Please fill in if no Patient Label available

App.11/12/18 Print Code:17617

Referral to:

Dr.Jolyon Ford for Colposcopy Fax: 9788 1879 If urgent ring 0429 567 933

Referral Date: / /

Patient's Address:

Phone Number (H) Phone Number (M)

Practice Name:

Doctor's Name: Phone No:

Address: Provider No:

Signature: Date / Time:

Reason for Referral / Past History / Current Medications / Allergies

Checklist: Colposcopy

Cervical Screening Test Result must accompany this referral

Interpreter required: No Yes - Language

Indigenous Status: Aboriginal Torres Strait Islander Neither

You have a right to be bulk-billed or treated as a public patient at Peninsula Health outpatient clinics
Patients who are bulk billed will not be out of pocket.

Is the client aware of the referral and has consent been given including the client's consent to access
their medical records?

Clients will be contacted and given an appointment time via a letter in the mail.

