



Gynaecology Appointment Form (by facsimile ONLY – 951 53454)

PATIENT

Name: _____

Address: _____

Ph: _____ Mob: _____

Date of Birth: _____ Age: _____

Is an Interpreter required? Yes No

If yes please specify: _____

GP DETAILS

Name: _____

Address: _____

Ph: _____ Fax: _____

Required clinic / speciality

- | | |
|--|---|
| <input type="checkbox"/> General gynaecology | <input type="checkbox"/> Uro - gynaecology |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Stitch Removal |
| <input type="checkbox"/> Specialist Contraception Clinic | <input type="checkbox"/> Endometriosis Clinic |

Please indicate the degree of urgency

- Urgent within one month

Please either fax relevant results to fax number given below or ask the patient to bring the results to the clinic appointment

*Fax completed form to: RPA Women and Babies Ambulatory Care
Fax number: **951 53454***

OFFICE USE ONLY

Date received fax: _____

- | | | |
|---|------------------------------|-----------------------------|
| Letter to Client with appointment dates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Letter for GP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Language Booked: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date and time of appointment: _____

Signature and date posted: _____