

Peninsula Health
Colposcopy Clinic

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.

Client's Signature

Print Name



11/12/18 Print Code:17617 Ref Link & GP Liaison

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MR/352759