

Peninsula Health  
Colposcopy Clinic

### COLPOSCOPY REFERRAL

*NB: This is a funded Colposcopy Clinic*

UR NUMBER .....  
*(PH use only)*

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....  
Please fill in if no Patient Label available App.17/7/2024 Print Code:17617



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X

#### Preferred referral option Mastercare Referral net

The GP Referral Template located within the Mastercare Referralnet system is the preferred referral tool.  
If unable to use this option, complete this form and fax.

#### Referral to

Dr Nisha Khot for  Colposcopy Fax: 9125 9846 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

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#### 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

17/7/2024 Print Code:17617 Ref Link & GP Liaison

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MR/352759