

## REFERRAL TO GYNAECOLOGICAL ONCOLOGY AT LIFEHOUSE

Referral to: <input type="checkbox"/> <b>A/Prof T. Tejada, A/Prof S. Saidi, A/Prof S. Pather, Prof J. Carter, Dr R. Farrell, Dr R. Sayer</b> <input type="checkbox"/> Rapid Access Hysteroscopy clinic - A/Prof Sam Saidi <input type="checkbox"/> GTD clinic (molar pregnancy) - S. Philp NP, T. Tejada <input type="checkbox"/> Named referral only	Period of Referral: <input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> Indefinite
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### PATIENT DETAILS

Surname			
Given Names			
Date of Birth		Email	
Address			
Contact Phone Number	Home	Work	Mobile
Interpreter Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language:

### REFERRAL DETAILS

Reason for Referral	<input type="checkbox"/> Colposcopy <input type="checkbox"/> Suspected Gynaecological Cancer <input type="checkbox"/> GTD
Relevant Past Medical History	
Medications	<input type="checkbox"/> Medications list attached
Allergies	
Investigation / Test Results included <small>(tick appropriate boxes and provide description)</small>	<input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/> Cytology <input type="checkbox"/> Other

### REFERRER DETAILS

Name:	Provider Number:
Address <small>(or stamp)</small>	Phone:
	Fax:
	Email:
Signature	Date:

**Print this referral**

**Email this referral**

## **LIFEHOUSE GYNAECOLOGIC ONCOLOGY: GUIDELINES FOR REFERRAL**

<b>Colposcopy</b> referrals include any of the following:	
Abnormal pap smear	Please provide a copy of the referral smear
Abnormal cervical appearance	Please provide a copy of the last smear result if known
Postcoital bleeding over age 35	Younger women (if the cervix appears normal) should be referred to general gynaecology
Follow-up of colposcopy patients from other units	Please provide pathology report(s) if available

<b>Suspected Gynaecological Cancer</b> referrals include any of the following:	
Ultrasound or CT suggestive of gynaecological malignancy: <ul style="list-style-type: none"> <li>• Complex pelvic mass (non-simple cyst)</li> <li>• Thickened endometrium (&gt;4mm if postmenopausal)</li> <li>• Ascites</li> <li>• Any other imaging raising suspicion for gynaecological cancer</li> </ul>	Please request a Ca125 if not already performed Please provide a copy of the imaging report(s)
Postmenopausal bleeding	Please request an urgent transvaginal ultrasound (or see below)
Suspicious vulval, cervical or vaginal lesion	

<b>Rapid Access Hysteroscopy</b> referrals include any of the following:	
<ul style="list-style-type: none"> <li>• Postmenopausal bleeding</li> <li>• Unexpected bleeding on HRT or tamoxifen</li> <li>• Intermenstrual bleeding over 45 and endometrium unusually thickened on ultrasound</li> </ul>	Please indicate if an ultrasound has been performed or requested. If not it will be arranged on the day of the appointment.

<b>GTD</b> (gestational trophoblastic disease) referrals include any of the following:	
Recent diagnosis of molar pregnancy (partial mole, complete mole or choriocarcinoma)	Please provide a copy of the pathology report
Follow-up of molar pregnancy diagnosed/treated at other units (AU/overseas)	

<b>Contact Numbers</b>	
Referral Fax Number	(02) 9383 1031
Secretary	(02) 8514 0262
<i>Direct contact numbers for clinical queries:</i>	
Dr Sam Saidi	(02) 85140258
Dr Trevor Tejada-Berges	(02) 85140592
Dr Selvan Pather	(02) 85140257
Prof Jonathan Carter	(02) 85140262
Dr Rhonda Farrell	(02) 85140262
Dr Robyn Sayer	(02) 85140262