

REFERRAL TO GYNAECOLOGICAL ONCOLOGY AT LIFEHOUSE

Referral to: <input type="checkbox"/> A/Prof T. Tejada, A/Prof S. Saidi, A/Prof S. Pather, A/Prof R. Farrell, Dr R. Sayer <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 (tick appropriate boxes and provide description)	<input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/> Cytology <input type="checkbox"/> Other

REFERRER DETAILS

Name:	Provider Number:
Address (or stamp)	Phone:
	Fax:
	Email:
Signature	Date:

Print this referral

Email this referral

LIFEHOUSE GYNAECOLOGIC ONCOLOGY: GUIDELINES FOR REFERRAL

Colposcopy 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

Suspected Gynaecological Cancer referrals include any of the following:	
Ultrasound or CT suggestive of gynaecological malignancy: <ul style="list-style-type: none"> • Complex pelvic mass (non-simple cyst) • Thickened endometrium (>4mm if postmenopausal) • Ascites • Any other imaging raising suspicion for gynaecological cancer 	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	

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

GTD (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)	

Contact Numbers	
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
A/Prof Rhonda Farrell	(02) 85140262
Dr Robyn Sayer	(02) 85140262