Client referral form

1. Select service required

- ☐ Antenatal and postnatal care*
- ☐ Antenatal classes*
- ☐ Breast health
- ☐ Cervical screening
- ☐ Colposcopy*
- ☐ Contraception options and advice, including IUD and Implanon insertions / removals
- ☐ Endometriosis
- ☐ Hormonal issues, including PCOS
- ☐ Menopause
- ☐ Menstrual concerns
- ☐ Pelvic pain
- ☐ Preconception care
- ☐ Sexual health screening
- ☐ Unplanned pregnancy, counselling and options
- ☐ Vasectomy*
- ☐ Vulval health
- ☐ Walk-in clients*

*Services not available in all locations. Please phone to confirm.

2. Select True clinic location

- ☐ **BRISBANE — 07 3250 0200**
  230 Lutwyche Rd,
  Windsor QLD 4030
- ☐ **CAIRNS — 07 4051 3788**
  182 Grafton St,
  Cairns QLD 4870
- ☐ **IPSWICH — 07 3281 4088**
  Shop 5, 54 Limestone St,
  Ipswich QLD 4305
- ☐ **ROCKHAMPTON — 07 4927 3999**
  Glenmore Shopping Village,
  301-307 Farm St,
  Norman Gardens QLD 4701
- ☐ **TOOWOOMBA — 07 4632 8166**
  Level 1, 661 Ruthven St,
  Toowoomba QLD 4350

3. Add client details

NAME:	DOB:
EMAIL:	PHONE/MOBILE:
REASON FOR REFERRAL:	

Please ensure that referrals are accompanied by the results of relevant investigations including cervical screening, pathology investigations and imaging reports.

4. Add referrer details

NAME:	DATE:
PROVIDER NO.:	Practice stamp or address details
PHONE:	
EMAIL:	
SIGNATURE:	