# Client Referral

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| 1. Select service required
 | 1. Select True clinic location
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| ☐ Antenatal and postnatal care☐ Antenatal classes (Toowoomba only)☐ Breast health☐ Cervical screening☐ Colposcopy (Brisbane, Ipswich, Cairns only)☐ Contraception options and advice, including IUD and Implanon insertions / removals☐ Endometriosis☐ Hormonal issues, including PCOS | ☐ Medical Termination of Pregnancy (please refer asap and arrange USS for approximately 6 weeks, transvaginal preferred)☐ Menopause☐ Menstrual concerns☐ Pelvic pain☐ Preconception care☐ Sexual health screening☐ Unplanned pregnancy, counselling and options☐ Vasectomy (Brisbane only)☐ Vulval/vaginal health | ☐ Brisbane – P 07 3250 0200; F 07 32500293230 Lutwyche Rd, Windsor QLD 4030☐ Cairns – P 07 4051 3788; F 07 4031 6017182 Grafton St, Cairns QLD 4870☐ Ipswich – P 07 3281 4088; F 07 3282 7088Shop 5, 54 Limestone St, Ipswich QLD 4305☐ Rockhampton – P 07 4927 3999; F 07 4927 6003Glenmore Shopping Village301-307 Farm St, Norman Gardens, QLD 4701☐ Toowoomba – P 07 4632 8166; 07 4632 2356Level 1, 661 Ruthven St, Toowoomba QLD 4350 |
| 1. Add client details
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| Name:  | DOB:  |
| Email:  | PHONE/MOBILE:  |
| Reason for Referral: Please ensure that referrals are accompanied by the results of relevant investigations including cervical screening, pathology and imaging reports. |
| 1. Add referrer details
 |
| Name:  | Date:  |
| Provider NO:  |  |
| Phone:  |
| Email:  |
| Address:  |
| Signature:  |

We accept referrals via Medical Objects.