# Client Referral

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| 1. Select service required | | 1. Select True clinic location |
| ☐ 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 32500293  230 Lutwyche Rd, Windsor QLD 4030  ☐ Cairns – P 07 4051 3788; F 07 4031 6017  182 Grafton St, Cairns QLD 4870  ☐ Ipswich – P 07 3281 4088; F 07 3282 7088  Shop 5, 54 Limestone St, Ipswich QLD 4305  ☐ Rockhampton – P 07 4927 3999; F 07 4927 6003  Glenmore Shopping Village  301-307 Farm St, Norman Gardens, QLD 4701  ☐ Toowoomba – P 07 4632 8166; 07 4632 2356  Level 1, 661 Ruthven St, Toowoomba QLD 4350 |
| 1. 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 and imaging reports. | | |
| 1. Add referrer details | | |
| Name: | | Date: |
| Provider NO: | |  |
| Phone: | |
| Email: | |
| Address: | |
| Signature: | |

We accept referrals via Medical Objects.