



### PATIENT DETAILS

Patient Name: \_\_\_\_\_

Sex: M ☐ F ☐ Other ☐

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medicare #: \_\_\_\_\_

### SPECIALIST CONSULTATION

☐

**Dr Anh Nguyen**

MBBS (Hons), FRACS  
(Plastic Surgery), PGradDipSurgAnat  
Plastic Surgeon

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**Dr Bernadette-McElhinney**

MB BAO BCH, FRANZCOG, FRCOG  
Gynaecologist

☐

**Kelly Chilvers**

BSc Physiotherapy, MSc Clinical Physiotherapy  
(Major in Continence and Pelvic Health)  
Continence and Pelvic Health  
Physiotherapist

☐

**Dr Jenny Ng**

MBBS (Hons) FRACP  
Endocrinologist

### CLINIC DETAILS

Medical History (provide patient health summary) / Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Clinical Query?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERRING DOCTOR

Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Health Link ED: \_\_\_\_\_

Send a copy of the report to: \_\_\_\_\_

