



p. 6388 4442 f. 6384 2002 e. gynaeadmin@soleilhealth.com.au
w. soleilhealth.com.au healthlink id: soleilgy

PATIENT DETAILS

Patient Name: _____

Sex: M F Other

Date of Birth: _____

Address: _____ Suburb: _____

Phone Number: _____ Medicare #: _____

SPECIALIST CONSULTATION

Dr Bernadette-McElhinney
MB BAO BCH, FRANZCOG, FRCOG
Gynaecologist

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: _____