



GYNAECOLOGY REFERRAL

p: 6388 4442 f: 6384 2002

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healthlink eid: Soleilgu

PATIENT DETAILS

Patient Name: _____

Sex: F ☐ M ☐ Other ☐ Date of Birth: ____/____/____ Phone Number: _____

Address: _____ Postcode: _____

Medicare No: _____ Ref No: ____ Private Health No: _____ Ref No: ____

CLINICAL DETAILS

Medical History/Medications: _____

Specific Clinical Query: _____

Other Necessary Information: _____

CONSULTATION

☐ DR BERNADETTE MCELHINNEY
Gynaecologist

☐ DR JENNIFER BEALE
Paediatric, Adolescent & Adult
Gynaecologist

REFERRING DOCTOR

Name: _____ Provider No: _____

Practice Name: _____ Contact No: _____

Send copy of report to: _____

Signature: _____ Date: ____/____/____