

Waverley Women's Health

Direct Access Hysteroscopy

Referral Form

Patient Information

Name:

Address:

Contact Number:

Reason for Referral

- | | |
|---|---|
| <input type="checkbox"/> Heavy bleeding (changing pad/ tampon each hour) for more than 7 days, clots larger than 50 cents | <input type="checkbox"/> Post menopausal bleeding on HRT with (ET) > 7mm |
| <input type="checkbox"/> Ultrasound findings of possible polyp, submucosal fibroid, or cystic changes | <input type="checkbox"/> Post menopausal with no bleeding and (ET) > 11mm |
| <input type="checkbox"/> Irregular bleeding with normal ultrasound | <input type="checkbox"/> Post menopausal irregular bleeding on Tamoxifen |
| <input type="checkbox"/> Post menopausal bleeding with endometrial thickness (ET) > 4mm | <input type="checkbox"/> IUD Insertion under general anaesthetic |

Lifestyle/referral requirements

Patient weight: kg

Patient Height: cm

Current medications/anticoagulants

Pelvic ultrasound scan & report

Referring General Practitioner

Print Name:

Provider No:

Signature:

Date:

Funding Details

Health Fund

☐ Self-funding

Membership No:

Medicare No:

DVA No:

*Please CC your own email address
in order to save a copy of the form.

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People caring for people.



**Waverley
Private Hospital**
Part of Ramsay Health Care