Gynaecological Referral

NKC Medical Pty Ltd. (Dr. Natalie Kiesey-Calding)

ph 4031 5811 f 4041 3615 e admin@nkcmedical.com.au a shop m1, mezzanine level, the pier shopping centre, pierpoint road cairns, q 4870

Patient details

Name .....

Address .....

Date of Birth ..... Medicare Number ..... Telephone Number .....

Clinical notes

G _____ P _____ M _____ E _____ T _____

Reason for referral .....

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If specifically requesting a scan as part of this assessment, please attach separate ultrasound request to facilitate booking and processing.

I have attached/forwarded a copy of her most recent Pap smear result, Pelvic ultrasound and/or any swabs or blood tests done recently.

Referral Period

3 months ☐ 6 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ Indefinite ☐

Referring doctor's name ..... Provider number .....

Date of referral. ..... Signature .....

Reports/letters will be posted to the referring doctor unless otherwise arranged.