

Email

**GYNAECOLOGY:**

[ ]  Pre-pregnancy counselling

[ ]  Pelvic Scan - [ ]  TVUSS including 3D reconstruction with Gynaecology consultation

[ ]  Follicle Tracking

**Procedures:**

[ ]  Mirena/Kyleena USS guidance [ ]  Insertion [ ]  Removal

[ ]  Deep Infiltration Endometriosis (DIE)

[ ] HysteroContrastSalpingography (HyCoSy)

[ ]  Colposcopy

[ ]  Sonohysterogram

**Routine:**

[ ]  Dating Viability/Early Pregnancy

[ ]  Nuchal/Early Structural [ ]  NIPT

[ ]  Mini Morphology [ ]  Routine Morphology [ ]  Growth & Wellbeing [ ]  AFI Dopplers

**Tertiary:**

[ ]  Tertiary Morphology (2nd opinion)

**Procedures:**

[ ]  Amniocentesis [ ]  CVS

**OBSTETRICS:**

[ ]  LMP \_\_\_/\_\_\_/\_\_\_\_ [ ]  EDD \_\_\_/\_\_\_/\_\_\_\_

[ ]  Singleton [ ]  Multiple Pregnancy – Type

Email

**PERSONAL DETAILS:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_

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

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFFERING DOCTOR:**

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

Provider Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

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