REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**SEXUAL HEALTH SERVICE**

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| **SEND TO** Dr Maree O’Sullivan (Director of Sexual Health)Dr Chun Mei Thng (Sexual Health and HIV Specialist)Gold Coast Sexual Health Service Fax: 07 5687 9212 **OR** Phone: 07 5687 9200**Please complete this form and fax it to (07) 5687 9212.** | **FROM** **Doctors Name:** **Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:** **Signature:** |

**DO NOT send to OUTPATIENT ACCESS AND SCHEDULING CENTRE**

Dear ☐ Dr Maree O’Sullivan ☐ Dr Chun Mei Thng

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

**AGE:**

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| **Gender:** **Address:** **Home Ph**: **Mobile Ph:****Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:** **If yes, specify language:**  |

**SECTION 2 Reason for referral and additional clinical information**

Please indicate what the reason for this referral is:

☐ Opinion ☐ Continuing Management ☐ Treatment ☐ Other – Please list below

Please provide provisional diagnosis (if available):

Please include any symptoms and date of onset (if known):

**Paste or type relevant history, clinical examination findings and treatment to date if required**

**SECTION 3 Investigations**

No 'pre-requisite' information required however, please attach any investigation, results or correspondence you consider to be relevant.

**SECTION 4 Duration of referral**

Please indicate how long you would like your referral to remain valid:

☐ 12 months

☐ Indefinite\* recommended for referrals for PrEP or ongoing HIV care

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

**SECTION 5 Social factors and impact on the patient**

Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;

other factors. **Please paste or type relevant information.**

**SECTION 6 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

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| Dr Maree O’Sullivan |

 Dr Chun Mei (Caroline) Thng