



## Frances Perry House

Part of Ramsay Health Care

Flemington Road & Grattan St Parkville  
VIC 3052

### PELVIC PAIN SERVICE REFERRAL

- To ensure the accurate categorisation of your patient's referral, please provide as much information as possible
- Please include recent blood results, pelvic ultrasound and any other relevant information

#### Referral to Frances Perry House Pelvic Pain Service through Gynaecare Victoria®

Please e-mail, fax or mail referrals to:

E-Mail: [pps.frp@ramsayhealth.com.au](mailto:pps.frp@ramsayhealth.com.au)

Fax number: 03 9348 2633

Mail: Level 2, Suite 2, 20 Flemington Road, Parkville, VIC 3052

Phone: 03 9348 2833

#### Patient Details

Family Name:		Given Name:	
Date of birth:			
Address:			
		Postcode:	
Postal Address (If different from above):			
		Postcode:	
Phone (H):	Phone (W):	Phone (M):	
Medicare Number:		Medicare Card Expiry:	
Private Health Insurance:			
Private Health Insurance Member Number:			
Private Health Insurance Reference Number:			

#### Referring Medical Officer Details

Family Name:		Given Name:	
Provider Number:			
Address:			
		Postcode:	
Postal Address (If different from above):			
		Postcode:	
Phone:		Fax:	
E-Mail:			

#### Nominated General Practitioner Details (If not referring Medical Officer)

Family Name:		Given Name:	
Provider Number:			
Address:			
		Postcode:	
Postal Address (If different from above):			
		Postcode:	
Phone:		Fax:	
E-Mail:			

Reason for Referral	
Assessment of Pelvic Pain	
Is it cyclical pelvic pain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is it constant pelvic pain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How long has the pain been present?	
What analgesia is the patient taking?	
If opioid use, how much and how long?	
Has a pelvic ultrasound been performed? If yes, please attach report	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other reasons for referral?	
Relevant Medical and Surgical History	
Current Medications (Include description, dosage, rate and frequency)	
Allergies/Adverse Drug Reactions	
Referring Practitioner	
Name:	
Signature:	
Date:	