

## AMBULATORY HYSTEROSCOPY CLINIC REFERRAL FORM

**Please note:**

1. Ambulatory hysteroscopy clinic is for outpatient diagnostic and operative hysteroscopy only.
2. Below 45 years with premenopausal abnormal uterine bleeding should be referred to gynaecology clinic unless there is clear indication for hysteroscopy.
3. Smear with endometrial pathology should be referred first to colposcopy clinic. Decision for ambulatory hysteroscopy will be made by colposcopist.

PATIENT	SOURCE OF REFERRAL
Name	Name
Address	Address
Phone	Phone
Date of Birth	Medical Council Number
Private Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	General Practitioner <input type="checkbox"/> Hospital Consultant <input type="checkbox"/> Other <input type="checkbox"/>

**REASON FOR REFERRAL**

- Postmenopausal Bleeding
- Premenopausal Abnormal Uterine Bleeding    Menorrhagia     IMB
- Abnormal Ultrasound
- Smear with Endometrial Pathology
- Investigation of Infertility
- Other

**SUSPECTED PATHOLOGY/ PATHOLOGY YOU WISH TO OTRULE OR TREAT (Tick all that applies)**

- Endometrial Hyperplasia     Endometrial Cancer     Endometrial/ Endocervical Polyp
- Fibroid     Septum
- Other

**AMBULATORY HYSTEROSCOPY CLINIC SECTION**

- Routine     Urgent     Red Flag     Decline     Redirect to
- Ambulatory Gynaecology     Subfertility     Menopause
- Date Received    Triaged    Consultant