Athena Women's Ultrasound
Unit 4, 10–16 Mills Street, Bentley WA 6102
P: (08) 6116 1285
E: reception@athenawomensclinic.com.au

GP REFERRAL FORM

① Patient Details

Patient Name

Date of Birth (DD/MM/YYYY) | Telephone | LMP (Last Menstrual Period)

Address

Medicare No. | IRN / Ref | Expiry

② Examination Request — Please tick all that apply

GYNAECOLOGICAL

- ☐ Pelvic US – Initial Scan
- ☐ Pelvic US – Follow Up
- ☐ Pelvic US – Antral Follicle Count
- ☐ Saline Sonography (SIS)
- ☐ HyCoSy (Tubal Patency Test)

OBSTETRIC / PREGNANCY

- ☐ Early Pregnancy US
- ☐ Viability Scan
- ☐ Early Anatomy Scan (11–13 Weeks)
- ☐ Anatomy / Morphology Scan (19–22 Weeks)
- ☐ Third Trimester Scan (28–36 Weeks)

☐ Pelvic US – Deep Infiltrating Endometriosis (advanced gynaecological assessment)

③ Clinical Details / Reason for Referral

④ Referring Doctor Details

Doctor / Practice Name

Provider No. | Telephone

Practice Address

Doctor Signature | Date Requested

⑤ Report Delivery Preference

☐ **Email:**

Copies to (name / email / practice)

APPOINTMENT BOOKING

Appointments by phone or email only — no online booking portal

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