Department of Reproductive Endocrinology & Infertility
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REFERRAL FOR REPRODUCTIVE MEDICINE CLINIC

Target patient group:

1. Disorders of sexual differentiation (transition from Paediatric services i.e. Sydney and Westmead Children’s hospitals);
2. Pubertal disorders (primary or transition from Paediatrics) and adolescent gynaecology (age ≥ 16yrs);
3. Polycystic ovary syndrome;
4. Hirsuitism and virilization;
5. Amenorrhoea and oligomenorrhoea;
6. Other menstrual disorders;
7. Female and Male Oncofertility.

Process:

1. Complete this referral form;
2. Fax the referral form to: DREI 02 9515 7976;
3. The patient will be called and an appointment made;
4. If any issues call 02 9515 7429 and speak with the NUM - Robyn Howard.

Referral:

Patients name:_________________________________________________________________________________________________
Age: __________________________ Contact Number: __________________________
Presenting problem: _____________________________________________________________________________________________
Referring physicians name: __________________________________________________________
Referring physicians contact details: ____________________________________________________________
Other relevant information (medical and social):
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________