

DIAGNOSTIC COLPOSCOPY SERVICE FAMILY PLANNING NSW – NEWINGTON



Family Planning NSW offers a diagnostic colposcopy and biopsy services to facilitate women's access to timely assessment of abnormal cervical screening results.

Asymptomatic women with cervical screening results recommending assessment by colposcopy can be referred to the Family Planning NSW colposcopy clinic at Newington.

Symptomatic women (postcoital bleeding, intermenstrual bleeding, post-menopausal bleeding) or women diagnosed with adenocarcinoma in situ or possible squamous cervical cancer should be referred directly to a gynaecologist or oncology clinic for further investigation. It is best to refer all pregnant women with high grade lesions directly to a gynaecologist for assessment.

To refer a patient

- Complete the attached referral form with copies of the patient's cervical screening results
- Include the patient's mobile number on the referral
- Fax to FPNSW Colposcopy Clinic at Newington **02 8752 4392**

All referrals are triaged and the patient will be called to confirm an appointment date that suits them. We aim to give all patients an appointment within 4 weeks of referral to reduce loss to follow-up and minimize any patient anxiety about their test results.

About our service

- Our colposcopy service both female and male clinicians
- Our service offers a low gap fee – patients will be \$150 out of pocket after receiving their Medicare rebate (total fee billed, including Medicare rebate, is up to \$302.20)
- Any referrals for treatment are undertaken in consultation with the referring GP and copies of all pathology results and the colposcopy report are sent directly back to you

We hope that you will consider using our service and look forward to working with you.

If you would like to receive our e-mail newsletters full of reproductive and sexual health information and service updates, please head to <https://www.fpnsw.org.au/media-news/hear-more-us>

REFERRAL TO FAMILY PLANNING NSW COLPOSCOPY CLINIC – fax to 02 8752 4392



Client Details

Name: _____

Address: _____

Medicare number: _____ Date of birth: _____

Telephone (Mob) _____ (H) _____ (W) _____

Referrer Details

Doctor's name: _____

Practice address: _____

Telephone number: _____ Fax: _____

Clinical Information

Recent cervical screening result & date: *(Please attach copy)*

Previous cervical screening history: *(Please attach copy of results)*

Past history of treatment to cervix: *(Please attach details)*

Other relevant clinical information:

Doctor's Signature: _____

Date: _____