

Recommended investigations (*required)

Abnormal pap smear	Pap smear history * HPV vaccination history If at-risk of STI, high vaginal swab MC&S and STI screen (endocervical swab for chlamydia and gonorrhoea PCR, others as indicated)
Abnormal uterine bleeding, post-coital bleeding	Serum b-HCG * Pelvic ultrasound (before Day 7 of cycle) * Pap smear * STI screen (endocervical chlamydia and gonorrhoea PCR, others as indicated) * FBE (if heavy bleeding) Iron studies (if heavy bleeding) TSH (if signs/symptoms of thyroid dysfunction)
Amenorrhoea, oligomenorrhoea	Serum b-HCG * Sex hormone profile (estrogen, FSH, LH) Prolactin PCOS assessment if indicated (e.g. hirsutism)
Dyspareunia	If superficial dyspareunia, then exclude infection with high vaginal swab MC&S and STI screen (endocervical swab chlamydia and gonorrhoea PCR, others as indicated) * If deep dyspareunia, arrange pelvic ultrasound. *
Fibroids	Pelvic ultrasound (before Day 7 of cycle) * FBE (if heavy bleeding) Iron studies (if heavy bleeding)
Incontinence, prolapse	Urine MC&S * Pelvic ultrasound (to exclude pelvic mass) * UEC and renal tract ultrasound if severe prolapse (check post-void residual)
Infertility	Male: - Partner semen analysis (ONCE or repeated twice over 3 months if abnormal) * Female: - Serum b-HCG * - Sex hormone profile Day 3 of menses (estrogen, FSH, LH) * - TSH * - Prolactin * - Day 21 progesterone (or after progesterone-induced withdrawal bleed if amenorrhoea/oligomenorrhoea) * - Pelvic ultrasound *
Menopause	Fasting lipid profile FBE TSH

	Mammogram Pap smear Consider DEXA scan
Ovarian cyst	Pelvic ultrasound (Day 7-14, transvaginal and transabdominal) * - NB: If simple cyst <5cm then need 2 consecutive scans (8 weeks apart) showing persistence. * - BHcG and alpha fetal protein Ovarian tumour markers * - Age <35: b-HCG, LDH, AFP, CA125, CA 19.9, CEA - Age >35: CA 125, CA 19.9, CEA, FBE, UEC, LFT Pap smear *
PCOS	Pelvic ultrasound (with real time follicle count) * Sex hormone profile (estrogen, FSH, LH) * Androgen studies (testosterone, free androgen index, SHBG, DHEA) * 17-hydroprogesterone 75g OGTT with serum insulin levels Fasting lipid profile
Pelvic pain	Serum b-HCG * Pelvic ultrasound * High vaginal swab MC&S * STI screen (endocervical swab chlamydia and gonorrhoea PCR, others as indicated) * Urine MC&S *
Premature or surgical menopause	Two FSH/E2 levels at least 1 month apart *
Post-menopausal bleeding	Pelvic ultrasound (transvaginal) * Pap smear * High vaginal swab MC&S
Recurrent UTI	Urine MC&S results and treatment prescribed * Renal tract ultrasound *
Vaginal discharge	High vaginal swab MC&S * STI screen (endocervical chlamydia and gonorrhoea PCR, others as indicated) *
Vulval itch, vulval pain vulval infection	High vaginal swab MC&S *
Vulval ulcers	MC&S of ulcer * HSV PCR of ulcer * Syphilis serology HSV serology

Service Unavailable -

	<ul style="list-style-type: none"> • Reversal of tubal ligation • IVF – advise of local availability – refer to Monash IVF website
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DRAFT - Women’s Health clinic Referrals

Core template with Severity/urgency removed from referral information

Standard Clinic information; remove other details/observations leave -BMI

Recommended investigations (* mandatory)

Choices Clinic	FBE Blood group and Antibodies * Dating obstetric ultrasound report * Endo cervical swabs for chlamydia and gonorrhoea PCR * HVS for MC&S *
	Needs Obstetric history part added to accompany core template G:P Miscarriage/STOP/Ectopic/throphoblastic disease LNMP EDD Gestational age
Early Pregnancy Assessment Service	All serum b-HCG results (Pathology name, date) * Blood group and antibodies * All pelvic ultrasound reports (Ultrasound provider, date) *
	Needs Obstetric history part added to accompany core template G:P Presenting problem? Pregnancy outcomes miscarriage/STOP/Ectopic/throphoblastic disease LNMP EDD Gestational age First trimester screening/MSS
Family Planning (if Mirena wanted)	Endo cervical swabs for chlamydia and gonorrhoea PCR HVS for MC&S