A.P.A. ROYAL HOBART HOSPITAL
48 Liverpool Street, Hobart 7000

Instrument No. A/3544

CERVICAL SCREENING REQUEST

Lab. No.

WARD/UNIT

REQUEST DATE / TIME:

COLLECTED BY:

TESTS REQUESTED

Practitioner collect ☐
Self collect ☐

SITE:
Cervix ☐ **Vagina** ☐ **Other**.....

SELF DETERMINED ☐

HORMONAL STATUS:
L.M.P. ...../...../.....
Pregnant ☐
Post Partum ☐
Post Menopausal ☐

APPEARANCE OF CERVIX:
Normal ☐
Abnormal ☐
.....

ROUTINE SCREENING ☐
FOLLOW-UP TEST ☐
SYMPTOMATIC ☐
TEST OF CURE ☐

CONTRACEPTION: ORAL ☐ I.U.D. ☐ OTHER ☐ HORMONE THERAPY ☐

CLINICAL HISTORY:

LABORATORY USE:

U.R.N.

SURNAME..... D.O.B.....

OTHER NAMES.....

ADDRESS .....

.....

LABEL

SEX

MARITAL STATUS

REL.

Was or will the patient be, at the time of the service or when the specimen was obtained:

	Y	N
(a) a private patient in a private hospital, or approved day hospital facility,		
(b) a private patient in a recognised hospital,		
(c) a Medicare (public) patient in a recognised hospital,		
(d) an outpatient in a recognised hospital.		

Medicare No.

Requesting Doctor's Name:.....
(Please Print)

Signature: .....Date:.....

Address: .....

.....

Provider No. .....

If urgent Phone No.:..... Fax No.: .....

Copies/Reports to be sent to: .....

To: Drs V. Murdolo, P. Jessup, K. Whale, E. Long, J. McArdle, C. Unwin

RESULTS AND ENQUIRIES (03) 6222 8235

Practitioner's Use Only

(Reason patient cannot sign)

Patient's Signature and Date .....

Medicare Assignment *(Section 20A of the Health Insurance Act 1973).*
By this declaration I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).

"**Privacy Note:** The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law."

THS-S 87087 F&P 55381 AUG17 M10