The Wesley Breast Clinic

The Wesley HOSPITAL

GENERAL PRACTITIONER REFERRAL AND REQUEST
For Breast Assessment and Imaging/Investigations

The Imaging/Investigations requested in this form can be taken to a diagnostic imaging provider of the patient's choice.

Patient Details

Name: DOB: Medicare number:

Address:

Email: Contact number:

☐ **Referral for comprehensive breast assessment**

May include:

- Clinical breast examination
- Breast cancer risk assessment
- Radiologist Consultation
- Breast Imaging/ Investigation as below, and/or as deemed indicated by Consulting Radiologist
- Specialist Breast Surgeon consultation as deemed indicated by Consulting Radiologist

Diagnostic breast imaging services (✓select to indicate)

☐ Mammography/Tomography
☐ Contrast enhanced mammography (CEM)
☐ Ultrasound

Breast Surgeon (✓select to indicate)

Referral to one of Wesley Breast Clinic consulting Breast Surgeons if required?

☐ Prof Ian Bennett
☐ Dr Beth Campbell
☐ Dr Melinda Cook
☐ Dr Simone Geere
☐ Dr Jenny Gough
☐ Dr Ben Green
☐ Dr Jeremy Khoo
☐ Dr Kowsi Murugappan
☐ Dr Kate Stringer
☐ Dr Peter Vojovic
☐ Other Surgeon:

☐ **No, prefer patient to return to referring practitioner**

IV Contrast ALERT

Referrer to complete for contrast enhanced mammography

Diabetes metformin treatment?
☐ Yes ☐ No

Contrast allergy?
☐ Yes ☐ No

Renal impairment?
☐ Yes ☐ No

Creatinine level:
eGFR:

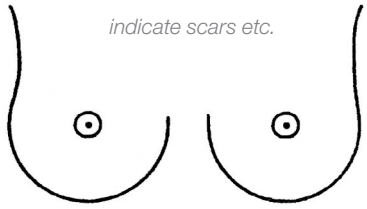
Date: / /

Pregnant?
☐ Yes ☐ No

Same Day Results

Patient preference:
☐ Yes ☐ No

Reasons for Request and Referral



☐ Previous breast cancer
☐ Increased risk of breast cancer
☐ Known gene mutation
☐ Breast implants
☐ Nipple symptom
☐ Lump/Thickening
☐ Pain/Discomfort
☐ Other symptom(s) or sign(s):

Clinical notes* & history

Clinical notes are required for Medicare rebate to be applied (where relevant)

Allergies

Current medications

Previous imaging:

Referring Doctor Details

Name: Provider number: Date of referral: / /

Address:

Phone: Email:

Fax: Signature:

Your Next Appointment

At am/pm on

Should your symptoms alter significantly or you are worried about the timing of your appointment please consult your referring Doctor who will contact the Wesley Breast Clinic (the Clinic) if a more urgent appointment is required.

Information for your visit to the Clinic ...

General Information

- Please ring us if you have any enquiries; if you wish to change your appointment; or if you are unable to attend.
- Please inform the Clinic prior to your appointment if you have had previous breast imaging elsewhere.
- Please do not wear cream or talcum powder on your breast area. You may wear non-aerosol deodorant.
- Please avoid wearing perfume.
- It is a good idea to wear separates.
- Your visit will probably involve some waiting so you may like to bring something to help occupy your time.
- As the Clinic is a comprehensive Breast Assessment/Imaging/Investigation clinic you may be here for up to 4 hours.

To Make an Appointment at the Clinic

Telephone: 07 3232 7202 between 8.30am and 5.00pm Monday to Friday

Fax: 07 3217 8840

Email: wesleybreastclinic@uchealth.com.au

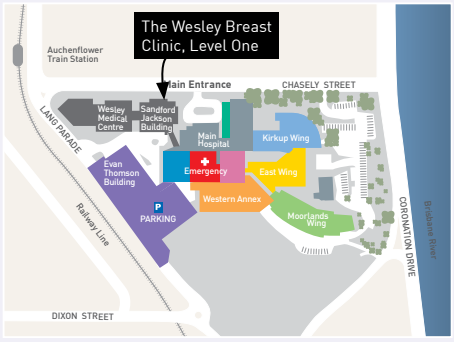
wesley.com.au

Clinic Details

Location: Level 1, The Sandford Jackson Building
The Wesley Hospital
Cnr Coronation Drive & Chasely Street,
Auchenflower Qld 4066
(Adjacent to Auchenflower railway station, parking also available at The Wesley)

Postal Address: PO Box 499, Toowong Qld 4066

Email: wesleybreastclinic@uchealth.com.au



V1 July 2026