



# Oestrogen Implant Referral

## Rainbow Care Clinic GP Referral for Oestrogen Implants

Best Practice templates available for download: [www.rainbowcareclinic.com.au/information-for-your-gp](http://www.rainbowcareclinic.com.au/information-for-your-gp)

### Patient Details

Name:		DOB:	
Medicare / legal name:		Gender identity/ pronouns:	
Email:		Phone:	

#### I confirm that my patient:

- is already on oestrogen
- is on a stable or maximum dose of current oestrogen

AND

- does not wish to take a daily medication / prefers the convenience of implants, OR
- does not tolerate other forms of oestrogen OR
- is unable to achieve therapeutic oestrogen levels (oestrogen level < 250 nmol/L, poor clinical response or ongoing virulisation)

AND

- can tolerate a minor medical procedure under local anaesthetic that causes a small scar

#### Ongoing care

- I am referring for the purposes of oestrogen implant insertion only
- I am referring for all gender affirming hormonal care needs, I will continue (or this clinic will continue) as their primary care provider for all other primary health care needs

### Clinical Details & Examination

Please include (can attach as separate document):

- Patient medical background and gender affirming hormonal care treatment history
- Recent BP
- Recent BMI (if patient consents)
- Recent FBC, EUC, LFTs, oestrogen & testosterone levels (where possible but RCC can arrange)

### Oestrogen history

Current oestrogen type & dose:	
Most recent oestrogen level:	
Most recent testosterone level:	
Reason for change to implant:	

<b>Referring GP</b>	<i>GP stamp</i>
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Referrals can be sent via healthlink: **rainbowc** (preferred), email: [admin@rainbowcareclinic.com.au](mailto:admin@rainbowcareclinic.com.au) or fax: **03 8779 8991**. Patients can register for appnts via the website ([www.rainbowcareclinic.com.au](http://www.rainbowcareclinic.com.au)) and are sent upload links for referral documents