



# GP Referral for Gender Affirming Hormonal Care

## Rainbow Care Clinic Referral

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:	
Medicare name:	
Gender assigned at birth:	
Gender identity:	
Pronouns:	
DOB:	
Medicare number (if applicable):	
Address:	
Phone:	
Email:	

### Clinical Details & Examination

Allergies	<i>(GP to complete or include on attached referral)</i>
Medications	<i>(GP to complete or include on attached referral)</i>
Medical history	<i>(GP to complete or include on attached referral)</i>
Blood pressure	<i>(GP to complete or include on attached referral)</i>
BMI	<i>(only if appropriate/ acceptable for patient)</i>

### Ongoing care

- I am referring for gender affirming hormonal care and can continue care once initiated/stablised if I am provided with a plan for medication titration and management,
- I am referring for all/ ongoing gender affirming hormonal care needs and am able to provide ongoing other primary health care needs for this patient

Referring GP	<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