



# Dr Monique Atkinson

Fertility Specialist  
& Gynaecologist

Dr Monique Atkinson  
BSc (Adv) MBBS (Hons 1) MRepMed FRANZCOG CREI  
**Address:** Level 1, Suite 111,  
10 Norbrik Drive, Bella Vista 2153  
**Phone:** 02 9052 6482  
**Fax:** 02 9052 6483  
**Email:** [admin@drmoniqueatkinson.com.au](mailto:admin@drmoniqueatkinson.com.au)  
**Website:** [drmoniqueatkinson.com.au](http://drmoniqueatkinson.com.au)  
**EDI:** moniquea

## Referral to Dr Monique Atkinson

### Patient details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### If presenting as a couple for fertility, please provide partner's details:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Reason for referral

- |   |  |
|---|--|
| <input type="checkbox"/> Paediatric/Adolescent Gynaecology<br>Menstrual management<br>Congenital anomaly<br>Contraception                       | <input type="checkbox"/> Egg/sperm freezing for fertility preservation<br>Elective fertility preservation<br>Prior to gender affirming hormone therapy<br>Prior to gonadotoxic therapy (eg: oncofertility)<br>Other reason |
| <input type="checkbox"/> General gynaecology  |  |
| <input type="checkbox"/> Fertility assessment and management<br>Presenting as a couple<br>Presenting as an individual considering donor gametes |  |

### Additional clinical information:

### Referring doctor details:

Name: \_\_\_\_\_ Provider number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

EDI: \_\_\_\_\_ Signature: \_\_\_\_\_

Please email your referral to [admin@drmoniqueatkinson.com.au](mailto:admin@drmoniqueatkinson.com.au). Your patient will be contacted in order to arrange an appointment to see Dr Monique.  
If your patient needs to be seen urgently please phone the clinic or contact Dr Monique Atkinson directly.