

sexual health clinics



name _____

date of birth _____

tel/mobile _____

PRINCESS ALEXANDRA HOSPITAL

tuesday _____ 1 - 3 pm
_____ 5 - 7 pm

wednesday _____ 1 - 3 pm

friday _____ 12.00 - 2 pm

women's clinic

wednesday _____ 9.30 - 11.30 am

men's clinic

thursday _____ 1 - 3 pm

LOGAN HOSPITAL

monday _____ 4 - 6 pm

LOGAN YOUTH CLINIC

wednesday _____ 1 - 3 pm

LOGAN CENTRAL COMMUNITY HEALTH CENTRE

thursday _____ 12.30 - 2.30 pm

WYNNUM FAMILY HEALTH CENTRE

friday _____ 9 - 11 am

for an appointment
please phone

reason for referral

doctor's name

email address _____

signature _____ date _____

reply by email

reply by post

i **SEXUAL HEALTHLINE**
3240 5881

 www.health.qld.gov.au/pash tel - 07 3240 5881

email - pash@health.qld.gov.au fax - 07 3240 5540