



## REQUEST FOR MATERNITY / OBSTETRIC APPOINTMENTS

**Please attach copies of all relevant results to this form**

Date of Referral: \_\_\_\_\_ Please tick if the obstetric referral is **URGENT & contact the on-call obstetrician directly**

Medicare Number: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### **PATIENT DETAILS**

Date of Birth: \_\_\_\_\_ Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Previous Surname: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Race:** Caucasian  Aboriginal  Torres Strait Islander  Other: \_\_\_\_\_

**Interpreter required:** Yes  No  If yes, please state Language: \_\_\_\_\_

### **NEXT OF KIN**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

### **BOOKING DETAILS**

Gravida: \_\_\_\_\_ Parity: \_\_\_\_\_ EDD: \_\_\_\_\_ BMI: \_\_\_\_\_

#### **Antenatal Care Requested?**

- GP/Hospital shared care (Hospital appointment at 18-22 wks and 36 wks. All other appointments by GP)
- GPO/Endorsed Midwife/Hospital shared care (Hospital appointment at 30 wks. All other appointments by GPO/EM)
- GP/Endorsed Midwife/Hospital shared care (Hospital appointment at 30 wks. All other appointments by GP/EM)

#### **Does this patient need to be referred to a Specialist Obstetric consultant?**

- NO – proceed to fax/email this form and copies of relevant investigations and results to the central receiving office.
- YES – Please complete REASON FOR REQUESTING SPECIALIST OBSTETRIC CONSULTANT APPOINTMENT:

### **REFERRING GPO/GP/EM**

Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

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

If EM referral, who is the GPO/GP with collaboration agreement: \_\_\_\_\_

Usual GP: \_\_\_\_\_

### **RGH USE ONLY: TRIAGE DETAILS**

#### **Maternity Booking**

Staff Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Emergency: Patient contacted and asked to attend for assessment Yes / No
- Urgent: Next available appointment Dates between: \_\_\_\_\_ and \_\_\_\_\_
- Semi urgent: Appointment made for 2-4 weeks Dates between: \_\_\_\_\_ and \_\_\_\_\_
- Routine: Appointment made for 26-30 weeks Dates between: \_\_\_\_\_ and \_\_\_\_\_

#### **Obstetric referral**

Staff Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Emergency: Patient contacted and asked to attend for assessment Yes / No
- Urgent: Next available appointment Dates between: \_\_\_\_\_ and \_\_\_\_\_
- Semi urgent: Appointment made for 2-4 weeks Dates between: \_\_\_\_\_ and \_\_\_\_\_
- Routine: Appointment made for 26-30 weeks Dates between: \_\_\_\_\_ and \_\_\_\_\_

## PREGNANCY BLOODS AND INVESTIGATIONS

PLEASE TICK BOX WHEN RESULTS INCLUDED WITH REFERRAL

### BOOKING BLOODS AND INVESTIGATIONS

- BLOOD GROUP & RHESUS STATUS
- FBC & IRON STUDIES
- ANTIBODY SCREEN
- RUBELLA STATUS
- HIV
- HEP B
- HEP C
- SYPHILIS (TREPONEMA TPHA OR TPPT)
- VARICELLA
- VITAMIN D
- MSU
- CHLAMYDIA
- DATING ULTRASOUND REPORT
- 1<sup>ST</sup> TRIMESTER SCREENING REPORT
- PAPP A RESULTS
- NIPT REPORT

### 18-20 WEEKS: RESULTS AND INVESTIGATIONS

- ANATOMY SCAN REPORT

### 20-28 WEEKS: RESULTS AND INVESTIGATIONS

- GTT RESULTS
- FBC & RHESUS STATUS
- ANTIBODY SCREENING (IF RH NEGATIVE)

### GREATER THAN 34 WEEKS: RESULTS AND INVESTIGATIONS

- REPEAT ULTRASOUND SCAN REPORTS (LOW LYING PLACENTA, GROWTH)
- GBS STATUS
- FBC (>36 WEEKS)

### ADDITIONAL RECOMMENDATIONS

- MRSA SCREENING (WOMEN WHO HAVE BEEN HOSPITALISED OUTSIDE OF WA IN THE LAST 12 MONTHS)
- VIT B LEVELS (TO BE OFFERED TO WOMEN WHO ARE VEGETARIAN, VEGAN, MALABSORPTION ISSUES)
- STI'S & BBV'S (REPEAT SCREENING IS RECOMMENDED FOR HIGH RISK WOMEN IN THE 3<sup>RD</sup> TRIMESTER)
- GONORRHOEA (RECOMMENDED FOR WOMEN WITH INCREASED RISK FACTORS)

Queries? Call the Central receipting office on (08) 9531 8000

EMAIL: [PHC.Referrals@health.wa.gov.au](mailto:PHC.Referrals@health.wa.gov.au)