



Referral Form – Obstetrics and Midwifery

Women's and Children's Health Network

72 King William Road, North Adelaide SA 5006 Tel: 08 8161 7000

Public Patient Fax: 08 8161 6246

Private Patients Fax: 08 8161 7654

Please complete this form in conjunction with the Obstetric and Midwifery referral guidelines. If referring to the Private Consulting Suite please provide Named referral –see Profiles Page Link

Note this is Not a MFM Referral Form

Dear, _____

Request Private Patient

Public Patient

Client details

Surname _____

First Name _____

Middle Name/s _____

Date of Birth ____/____/____

WCH UR (if known) _____

Address _____

Suburb _____ Postcode _____

Ph Home _____ Work _____ Mobile _____

Next of Kin _____ Medicare Number _____

- Is the client of Aboriginal or Torres Strait Islander origin?
- No
 - Yes, Aboriginal
 - Yes, Torres Strait Islander
 - Yes, Aboriginal & Torres Strait Islander

Is an interpreter required? No Yes If yes, please state language _____

Is this client under the Guardianship of the Minister No Yes

Referral Information

Current Obstetric History

Pregnancy Reference Number: _____ LMP _____ Gravida _____ Parity _____

Height _____ Weight: _____ BMI: _____ Last PAP smear(date/result) _____

IVF Pregnancy No Yes

Female Circumcision No Yes

Investigations ordered - Laboratory Used _____ Ultrasound Provider _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Blood group and antibodies | <input type="checkbox"/> Hep B+C | <input type="checkbox"/> Down Syndrome screening |
| <input type="checkbox"/> CBP | <input type="checkbox"/> HIV serology | <input type="checkbox"/> Dating U/S |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Vitamin D for at risk Women | <input type="checkbox"/> Morphology Scan (18-20weeks) |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> MSSU | |

Please provide detailed information and forward any pathology and x-ray reports that will assist us to determine the priority assigned to the client.



Referral Form – Obstetrics and Midwifery

Women's and Children's Health Network

72 King William Road, North Adelaide SA 5006 Tel: 08 8161 7000

Public Patient Fax: 08 8161 6246

Private Patients Fax: 08 8161 7654

Past Obstetric History

Flags

- Pre-eclampsia
- Still Birth
- Foetal abnormality
- Preterm Birth
- Small baby <2800gm at Term
- Placental Abruption
- PPH ≥1000mls
- Gestational Diabetes
- Previous C/S number _____
- Rhesus isoimmunisation
- Mid trimester loss or miscarriage
- IVF

Please provide detailed information on Clinical history that will assist us to determine the priority assigned to the client

Past Medical / Surgical / Psychiatric / Social History

Flags

- Diabetes
- Epilepsy
- DVT/pulmonary embolus
- Renal disease
- SLE
- Alcohol and other drugs
- Cervical Surgery
- Asthma
- Hypertension
- Thyroid disease
- Hepatitis B or C
- Thyroid disease
- >2 LLETZ procedures
- Familial genetic disease
- Anaemia - Family of Origin Questionnaire
- Haemoglobinopathy
- Psychiatric Disorders

Please provide detailed information on Clinical history that will assist us to determine the priority assigned to the client include all current medications, relevant allergies and immunisations

Referring Clinic Details

Referring Doctor Name _____ Provider No. _____

Surgery Name _____ Contact No. _____

Address _____ Suburb _____ Postcode _____

Signature _____ Date _____

**Completed, signed & dated forms fax PUBLIC to WCH Administration Hub on 8161 6246
PRIVATE to Private Consulting Suite on 8161 7654**

WCH Office Use

UR NO:		CLINIC	
CONSULTANT		DATE	TIME
TRIAGE CATEGORY	BY	DATE	