



UR  (if known)

First name

Family name

Date of birth

Address

Mob

Alt

Medicare no

Aboriginal or TS Islander?

Country of birth

Refugee or Asylum seeker background?

Year of arrival

Interpreter required?

Language

## Current Pregnancy

Maternity referral  
fax: 9594 6298

- Multiple pregnancy
- 28 wks no pregnancy care

<input type="text"/>	Gravida	<input type="text"/>	Para	EDD
<input type="text"/>	Height	<input type="text"/>	Weight	LNMP

## Preferences

(per availability)

- Monash Medical Centre
- Dandenong Hospital
- Casey Hospital
- Hospital clinic
- Shared care
- Specialist (non hospital)
- Private in public

## The following tests have been requested:

Pathology Lab:

Radiology Clinic:

<input type="text"/>	<input type="text"/>
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- |  |   |
|--|---|
| <input type="checkbox"/> Blood Gp & Antibodies | <input type="checkbox"/> HepBsAg                                  |
| <input type="checkbox"/> FBE                   | <input type="checkbox"/> Hep C                                    |
| <input type="checkbox"/> Hb electrophoresis    | <input type="checkbox"/> Chlamydia (if indicated)                 |
| <input type="checkbox"/> Ferritin              | <input type="checkbox"/> Random serum glucose                     |
| <input type="checkbox"/> Vitamin D             | <input type="checkbox"/> OGTT (if risk factors e.g. previous GDM) |
| <input type="checkbox"/> MSU - m/c/s           | <input type="checkbox"/> Dating ultrasound                        |
| <input type="checkbox"/> TPHA - Syphilis       | <input type="checkbox"/> Morphology ultrasound                    |
| <input type="checkbox"/> Rubella IgG           | <input type="checkbox"/> Aneuploidy screening                     |
| <input type="checkbox"/> HIV Ab                | <input type="checkbox"/> Pap test                                 |

Maternity referral to A/Prof Ryan Hodges: Director of Obstetrics

## Medical history

- No significant complications
- Anaesthetic difficulties
- May refuse blood/products (e.g. Jehovah's Witnesses)
- Diabetes mellitus  Type 1  Type 2
- Cardiac disease (significant)
- Illicit drug use or methadone/buprenorphine
- Asthma (hospitalised in last 12 months)
- Haematological (e.g. anaemia Hb<10 or clotting disorder)
- Epilepsy (on medication)
- Hypertension (additional information req)
- On medications (additional information req)
- Mental health (significant)
- Rare or severe medical problems
- Thyroid disease (uncontrolled)

## Previous pregnancies

- Not applicable or no significant complications
- 3 or more miscarriage/mid trimester loss
- Seizures in pregnancy or labour
- Rhesus isoimmunisation
- Parity > 5 babies
- Severe pre-eclampsia
- Shoulder dystocia
- Large baby > 4500g
- Small baby < 2500g (<10th centile / fetal growth restriction)
- Significant PPH ≥ 1000mLs
- Anal sphincter tear  3rd degree  4th degree
- One caesarean birth
- Multiple caesarean births
- Gestational diabetes (GDM) and high likelihood of recurrence (e.g. on insulin in pregnancy)
- Other significant maternity problems

## Additional information

## Referrer

Provider No:  Date:

iPM	Hospital	<b>Office Use Only</b>	
BOS	Model		MAC Date
Letter	Code		Time