Perinatal Services
Fetal Surveillance Unit Request Form

Identify

Patient Name:
(Affix Patient’s ID label here)

ADDRESS:

D.O.B: M / F

Is an interpreter required Y ☐ N ☐

Language spoken at home

Requester Details

Name*: …………………………………………..

RMO / registrar / senior registrar / consultant / GP / Shared care affiliate

Contact page / extension / mobile

Provider number*: ………………………..

Copy of results to:

Clinical Details/Indication*

☐ South Asian (See: Prolonged pregnancy procedure)

EDD*

(See over page for clinical indication requirements)

Past obstetric/medical history

Provisional diagnosis

Examination requested*

☐ Biometry (Growth scan)

Note: This request form is only valid for one biometry. Subsequent biometries require additional request forms. No other tests can be requested in the same form as a biometry.

☐ Biophysical Profile
☐ Umbilical Artery Doppler
☐ MCA PI Doppler
☐ MCA PSV Doppler
☐ DV

☐ AFI
☐ CPR
☐ CTG
☐ Presentation
☐ ECV

☐ Celestone
☐ Blood pressure check
☐ Blood pressure profile
☐ Urinalysis
☐ Uterine Artery Doppler

Frequency of monitoring*

Note: A request for ongoing surveillance is only valid for 7 days after the first service is rendered.

Signature*

Date*

* Each section with an asterisk must be completed and legible. See over page for more details.

OFFICE USE ONLY

Date request first used: Date request expires:

Your doctor has recommended that you use the Fetal Surveillance Unit. You may choose another provider but please discuss this with your doctor first.
Guidelines for requesting investigations in the Fetal Surveillance Unit

The following is required for compliance with Medicare.

ALL SERVICES

E.g. CTG, Biophysical, Blood Pressure Profile, Biometry (Growth scan)

For all requests to the Fetal Surveillance Unit, the following must be adhered to:

1. Three patient identifiers
2. Requester name and provider number stamped or legibly printed
3. Clinical indication
4. Estimated due date
5. Examination(s) requested
6. Signature of requesting practitioner
7. Date of request

ULTRASOUNDS

E.g. AFI, UA, MCA, Biophysical

In addition to the above requirements, requests for ultrasounds must also adhere to the following:

1. For any request not signed by a Senior Registrar or a Specialist Obstetrician, an approving Senior Registrar or Specialist Obstetrician’s name and provider number must be included.
2. The request must list an indication from the list below.
3. A request for ongoing ultrasound surveillance is valid for 7 days after the first episode of care. A new request is required for further surveillance after this period.

ONGOING SURVEILLANCE

A request for ongoing surveillance (for any test or scan) is valid for 7 days after the first episode of care. A new request is required for further surveillance after this period.

BIOMETRY (GROWTH SCAN)

Requests for Biometries must also adhere to the following:

1. Biometries must be ordered on a SEPARATE REQUEST FORM to all other services.
2. A new request is required for each appointment.
3. Requests not signed by a Senior Registrar or a Specialist Obstetrician must have an approving Senior Registrar or Specialist Obstetrician’s name and provider number included.
4. The request must list an indication from the list below.

Indications for Ultrasounds and Biometries, > 22 weeks

Please refer to PROMPT clinical guidelines for specific indications and appropriate surveillance.

The above is required for MBS billing compliance.