



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

Office Use Only
ver: 2020/03

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"/>

- | | |
|------------------------------------------------|-------------------------------------------------------------------|
| <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 |

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

*Blood pressure: / (required for telehealth)

Referrer

Provider No: Date:

iPM	Hospital	Office Use Only	
BOS	Model		MAC Date
Letter	Code		Time