MonashHealth

Perinatal Services
Fetal Surveillance Request Form

Monash Medical Centre
Level 5, 246 Clayton Road, Clayton
Ph: 9594 5275, 9594 5240
Fax: 9594 6272

Identify

Patient UR:

Patient Name:

ADDRESS:

DOB: M / F

CONTACT NUMBER:

Is an interpreter required **Y** ☐ **N** ☐

Language spoken at home____________________

Requester Details (primary contact)

Name*:...

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

Contact page / extension / mobile..

Provider number*:...

Copy of results to: ....

Senior Registrar or Specialist Obstetrician providing approval for ultrasound:

Name*: ....

Provider number*: ....

Situation

Clinical Details/Indication*

☐ **South Asian** (See: Prolonged pregnancy procedure)

EDD*................................

(See over page for clinical indication requirements)

Background

Past obstetric/medical history

Assessment

Provisional Diagnosis

Request

Examination requested*

☐ Biometry (Growth scan) ☐ Morphology 17-22 weeks ☐ Cervical length

Note: This request form is only valid for one biometry, morphology or cervical length. Subsequent appointments require additional request forms. No other tests can be requested in the same form as a biometry, morphology or cervical length.

☐ Biophysical Profile	☐ AFI	☐ Celestone
☐ Umbilical Artery Doppler	☐ CPR	☐ Blood Pressure Check
☐ MCA PI Doppler	☐ CTG	☐ Blood Pressure Profile
☐ MCA PSV Doppler	☐ Presentation	☐ Uterine Artery Doppler
☐ DV	☐ ECV	

Frequency*____

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 Fetal Surveillance at Monash Medical Centre. You may choose another provider but please discuss this with your doctor first.

Guidelines for requesting investigations in Fetal Surveillance

The following is required for compliance with Medicare.

ALL SERVICES

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

For all requests to Fetal Surveillance, 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.