MonashHealth

Perinatal Services
Fetal Surveillance ECV Request Form

Monash Medical Centre
Level 5, 246 Clayton Road, Clayton
Ph: 9594 5275, 9594 5240
Fax: 9594 5645

Identify

Patient UR:

Patient name:

ADDRESS:

DOB: M / F

CONTACT NUMBER:

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

Language spoken at home__________________

Referring clinician detail or hospital providing treatment*

Name of the booking hospital*: ……………………………………………………………………………

Clinician name*…………………………………………………………………

Provider number* ……………………………………..…………………….

Contact page / extension / mobile* ……………………………………..…

Copy of results to: ……………………………………………………

Situation

Clinical details/Indication*

EDD*……………………………

Blood group* ………………… (If Rh-negative, last Anti-D given on ………/………/………)

Allergies* ………………………

Has an ECV been attempted previously*?

☐ Yes. Date/s …………………………….....

☐ No.

Background

Past obstetric/medical history

Assessment

Provisional Diagnosis

Request

Examination requested – External Cephalic Version

Disclaimer: In the event of an emergency, and the patient is not booked at Monash Health/Jessie McPherson, I accept that this patient will become a public patient at Monash Health which may include a caesarean section.

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 an External Cephalic Version (ECV) in Fetal Surveillance

For any woman who is booked to give birth outside of a Monash Health or Jessie McPherson Private Hospital, please follow the steps below to request an ECV.

1. Call Fetal Surveillance at MMC Clayton on 9594 5275 to book an appointment.
2. Add your contact number to the request form, then fax it to 9594 5645.
3. If there is any missing information on the request form the clerical staff will contact you. See below for details on the information required.

Information required on the request form

1. Name of the booking hospital or name of the requesting clinician with their provider number
2. Contact phone number of the requesting clinician
3. EDD
4. Blood group
5. Allergies
6. Whether the patient has had a previous ECV this pregnancy and the respective dates
7. Signature of requesting clinician
8. Date