Health
Western Sydney
Local Health District

ANTENATAL REFERRAL LETTER

CIRCLE which staff specialist

- - - -

at Westmead:
Prof Alahakoon
Dr Anpalagan
Dr Arrage
Dr Athayde
Dr Bakal
Dr Bell
Dr Goh
Dr Inglis
Dr Maravar
Dr McGee
Dr Mukerji
Dr Nayyar
Dr Pesce
Prof Pasupathy
Dr Samiei-Sarir
Dr Shetty
Dr Siriwardena
Dr Sivananthan
Dr Su
Dr Zen
or
Westmead Clinic

- - - -

at Blacktown:
Dr Chan
Dr Delgado
Dr Yim
Dr Mansoor
Dr Martin
Dr Perera
Dr Santiagu
Dr Wong
Dr Yim
Dr Chau
or
Blacktown Clinic

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at Auburn:
Dr Ardalic
Dr Chen
Dr Maravar
Dr Mohan
or
Auburn Clinic

Consultants may choose to exercise their rights to private practice.

In this case, there will be no out of pocket costs incurred.

SWHR-0222

PERSONAL DETAILS

Surname (Family Name):_____ Given Name:_____ Medicare No:_____
Address:_____ City:_____ Postcode:_____
Email:_____ D.O.B:_____/_____/_____
Telephone:(Home)_____ Mobile:_____

Interpreter: Yes: ❒ No: ❒ If 'Yes' – specify language?

Patient Status: Aboriginal ❒ TSI ❒ Both ❒ Declined ❒ Unknown ❒ Neither ❒

Partner Status: Aboriginal ❒ TSI ❒ Both ❒ Declined ❒ Unknown ❒ Neither ❒

CURRENT PREGNANCY

L.M.P: _____ E.D.D: _____

Gravida: _____ Para: _____

Current Pregnancy Concerns:

_____

_____

Significant Previous Obstetric History:

_____

_____

Previous / Relevant Gynaecology History:

_____

_____

Last Cervical Screen: Date: / /

Ultrasound: _____

MEDICAL HISTORY

	Yes	No
▪ Hypertension:	❒	❒
▪ Diabetes:	❒	❒
▪ Depression/Anxiety:	❒	❒
▪ Cardiac:	❒	❒
▪ Epilepsy:	❒	❒

Other relevant medical history: _____

_____

_____

Medications: _____

_____

EXAMINATION

BP: ____ / ____ at _____ week's gestation

Weight: _____ Height: _____ BMI: _____

UA: _____

Other findings: _____

REFERRING DOCTORS DETAILS

Name:_____

Address:_____

Fax: _____ Phone: _____

Provider No: _____

Please arrange necessary consultation:

GP Signature: _____

ANTENATAL INVESTIGATIONS

Please Record Laboratory & Ultrasound Practices Used:

_____

_____

Please send <u>a copy</u> to ANC <u>with your referral</u> as we <u>cannot</u> provide a Booking In appointment without these:

- Blood group and antibody screen ❒
- Full blood count ❒
- Random BGL (venous) ❒
  (if >7.1 needs OGTT; if >11.1 treat for Diabetes)
- Rubella IgG ❒
- Syphilis (ELISA) ❒
- Hepatitis B (surface antigen) ❒
- MSU for M / C / S ❒
- HIV / Hep C ❒
- Vitamin D (in at risk women) ❒
- Ultrasounds ❒

NT Down Syndrome screening: (11-13 weeks)
Counselled: ❒ Declined: ❒ Booked: ❒

NIPT screening: (from 10 weeks)
Counselled: ❒ Declined: ❒ Booked: ❒

I am a **WSLHD** accredited Shared Care GP.
THIS PATIENT IS TO RETURN FOR SHARED CARE
Yes: ☐ No: ☐

Westmead: Fax to 8890 5198 or Email: WSLHD-WestmeadPregnancyBookings@health.nsw.gov.au
Blacktown: Fax to 8670 5343 or Email: WSLHD-BMDHwhc@health.nsw.gov.au
Auburn: Fax to 8759 3246 or Email: WSLHD-Auburn-WomensHealth@health.nsw.gov.au

Appointments will be mailed out in approximately 4 weeks unless an urgent appointment is required.