# Maternity Booking Referral Letter

Affix Patient ID Label Here

(Hospital Use only)

## CONCORD Midwifery Group Practice (MGP) referral

- **This referral letter has TWO sides.**
- **Please complete both sides of the referral and antenatal examination form.**
- **Please give completed form and copies of any results to the woman to bring to her appointment.**
- **If you require more information please phone 9767 9021.**

**Woman to complete this section**

| | | | |
|---|---|---|---|
| Surname: | | Given Names: | |
| Previous/ Maiden Name: | | Occupation: | |
| Date of Birth: | | Medicare No: | Exp Date: |
| Marital Status: | | Country of Birth: | |
| Language used at home: | | Interpreter needed: ☐ Yes ☐ No | |
| Home Address | | Person to Contact | |
| Street: | | Name: | |
| | | Relationship: | |
| Suburb: | | Street: | |
| State: | P/Code: | Suburb: | |
| Phone no : (h) | | State: | P/Code: |
| (mob) | (wk) | Phone No: | |

Referral to:
Dr Hend Chatila
2550799K

Dr Sacha Strockyj
4170082K

- Concord MGP clinic is set in the grounds of Concord hospital.
- W**omen enrolled in Concord MGP will have pregnancy care at Concord at the clinic. They will choose whether to have their baby at RPA or Canterbury Hospital attended by their midwife or back up midwife, Women and babies will have follow up in the home with their named midwife.**
- **Concord MGP is available for women who have a low chance of developing complications during pregnancy.**

**DOUBLE SIDED FORM, PLEASE COMPLETE THE MEDICAL EXAMINATION AND INVESTIGATION ON REVERSE OF THIS PAGE. If you consider this referral to be medically URGENT please call the either the Canterbury Antenatal Clinic 9787 0250 or RPA W&B Antenatal Clinic 95157101**

# Maternity Booking Referral Letter
## ANTENATAL EXAMINATION & INVESTIGATIONS

**LMP:**_____ **EDB:**_____ **GRAVIDA:**_____ **PARITY:**_____

**Investigations (tick if attended)**

| | | Attended |
|---|---|---|
| 1 | Blood Group & Antibody screen | |
| 2 | Haemoglobin | |
| 3 | VDRL | |
| 4 | Rubella IgG | |
| 5 | Hep B surface antigen | |
| 6 | Hep C (anti HCV), after discussion | |
| 7 | HIV ( after discussion) | |
| 8 | Thalassaemia (HbEPG) | |
| 9 | Varicella IgG | |
| 10 | Glucose Tolerance Test (wks) | |
| 11 | MSU | |
| 12 | Ultrasounds (wks) | |
| 13 | Ultrasounds (wks) | |
| 14 | PAP smear | |
| 15 | Low Vaginal swab (as required) | |
| 16 | Other | |

**Dear Doctor,**

**Early Referral for Genetic testing -**

If Genetic testing (with Counselling) is required for this woman please arrange before 12 weeks gestation. If this is not possible please ensure timely referral to antenatal service.

Thank you.

| | Yes | No |
|---|---|---|
| Genetic Counselling provided | ☐ | ☐ |
| Referred for Genetic Counselling | ☐ | ☐ |
| Genetic Testing or Screening | ☐ | ☐ |
| Combined (Nuchal Translucency plus bloods) | ☐ | ☐ |
| NIPT | ☐ | ☐ |
| CVS | ☐ | ☐ |
| Amniocentesis | ☐ | ☐ |
| Declined | ☐ | ☐ |
| Not indicated | ☐ | ☐ |

| | |
|---|---|
| Cardiovascular system | **BP ___/___ at ____ weeks gestation** |
| Respiratory system | |
| Abdominal examination | |
| Thyroid | |
| Breast Examination | |
| Pre/ early pregnancy BMI<br>weight<br>height | |
| Problems in current pregnancy | |
| Other Findings | |

Allergies _____

_____

Current Medications_____

_____

| **Medical History** | Yes | No |
|---|---|---|
| Cardiac | ☐ | ☐ |
| Asthma | ☐ | ☐ |
| Hypertension | ☐ | ☐ |
| Endocrine | ☐ | ☐ |
| Mental Illness | ☐ | ☐ |
| Renal | ☐ | ☐ |
| Epilepsy | ☐ | ☐ |
| GIT | ☐ | ☐ |
| Smoker | ☐ | ☐ |
| STIs | ☐ | ☐ |
| Other | | |

| **Family History** | **Yes** | No |
|---|---|---|
| Diabetes | ☐ | ☐ |
| Hypertension | ☐ | ☐ |
| Congenital Abnormalities | ☐ | ☐ |
| Twins | ☐ | ☐ |
| Other | | |

GP details: _____

_____

_____

_____

Phone No: _____

Fax No: _____

Provider No: _____

GP Signature Date

**Please provide copies of results and details of any complexity acknowledged in this referral.**

**Please return this form to the woman. Thank you**