**The Royal Women’s Hospital**

**Fax referral to:** (03) 8345 3036

**From practice software, email:** [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au)

**Date:** Click or tap to enter a date.

### Patient Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: | | | Last Name: | |
| Date of Birth: | **Gender:** | | **Medicare Number:** | **Exp. Date:** |
| Address: | | | **Suburb:** | **Postcode:** |
| Home Phone: | | **Mobile:** | **Email:** | |
| Language:  English  Other, specify: | | | **Interpreter required?**  Yes  No | |
| Aboriginal or Torres Strait Islander?  Yes  No | | | **Disability or special needs?**  Yes, specify:  No | |

### Referring Doctor Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last name: | |
| Practice Address: | | **Suburb:** | **Postcode:** |
| Phone: | **Fax:** | **Email:** | |
| Provider Number: | | | |
| Usual GP details (if not referring doctor): | | | |

Is this a **re-referral** in the same pregnancy (eg. change in patient condition or tests/information needing review?)  Yes  No

Would this patient like to participate in **Shared Maternity Care** (if eligible)?  Yes  No

### Triaging questions

Does this patient have a condition that may result in a **higher-risk pregnancy**?  Yes  No

Does this patient require **early hospital assessment** before 16 weeks gestation?  Yes  No

**Fetal abnormality** - known/concerns (provide details below):  Yes  No

Is this referral for both maternity and **clinical genetics?**  Yes, both  Only Maternity  Only Clinical Genetics

Please provide details on any of the above:

### Current obstetric history

|  |  |  |
| --- | --- | --- |
| Estimated delivery date: | LNMP: | Known multiple pregnancy:  Yes  No |
| Gravida: | Parity: | BP: |
| Height (cm): | Weight (kg): | BMI: |

### Preventative care

*Tick if the patient has had the following:*

|  |  |
| --- | --- |
|  | Folate and iodine supplementation |
|  | Influenza vaccine this pregnancy |
|  | COVID immunised primary course |
|  | Aspirin started due to risk factors\*  *\*Commence aspirin 150 mg nocte orally from 12 weeks if previous pre-eclampsia or risk factors for pre-eclampsia. Do not wait for hospital review. See* [*RACGP Guideline*](https://www1.racgp.org.au/ajgp/2022/october/indications-for-commencing-aspirin) |

### Past Obstetric History

Not applicable - primigravida  Not applicable - no significant previous complications

*Tick any previous obstetric complications and provide details below*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Previous stillbirth |  | Gestational Diabetes |
|  | Previous fetal abnormality (specify) |  | Previous pre-eclampsia/HELLP |
|  | Mid trimester loss OR miscarriage x3 or more |  | Obstetric Cholestasis |
|  | Preterm birth <37/40 (gestation:\_\_\_\_\_\_\_) |  | Maternal red cell antibodies |
|  | Fetal Growth Restriction or <2800g at term |  | PPH >1000mls |
|  | Large baby > 4500g at term |  | Perinatal psychosis |
|  | Cervical cerclage |  | Previous caesarean/s |
|  | Placental abnormalities/abruption |  | Previous Neonatal Alloimmune Thrombocytopenia |
|  | Other condition/ **additional details:** |  |  |

### Risk factors relevant to pregnancy

Not applicable - no relevant risk factors

*Tick any risk factors and provide details below*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medicine of concern |  | Diabetes pre-pregnancy |
|  | Smoked in last 12 months |  | Other endocrine disorder |
|  | Current alcohol or illicit drug use (specify) |  | Thalassaemia |
|  | Psychiatric disorders |  | Haematological/Coagulation disorder |
|  | Family history of genetic disease/anomalies (specify) |  | Hep B carrier or Hep C |
|  | Heart disease |  | Infectious disease e.g. HIV |
|  | Hypertension |  | Current malignancy |
|  | Respiratory disease (including severe asthma) |  | Previous chemotherapy |
|  | Gastrointestinal/Liver disease |  | Uterine anomalies/fibroids |
|  | Renal disease |  | Uterine/cervical surgery eg. cone bx./LLETZ |
|  | Neurological disease e.g. epilepsy |  | Female Genital Mutilation/Traditional Cutting |
|  | Rheumatologic disease e.g. SLE |  | Other (specify) |

### Patient history – additional details

|  |
| --- |
| Relevant medical and surgical history: |
| Relevant mental health / social / genetic / family history: |
| Current medicines and supplements: |
| Allergies and reactions: |
| Other relevant information / cultural safety / alerts / family violence: |

### Investigations

* *Please attach results if available, or send via Fax: (03) 8345 3036 or email: referrals@thewomens.org.au when available*
* *If you are ordering tests for a patient (or potential patient) of the Women’s, add “RWH” in the cc box on your pathology request. This may enable transfer of results directly to the electronic medical record.*

**Pathology Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Radiology Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routine tests** (tick all attached)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FBE |  | Hepatitis C | |
|  | Blood group and antibodies |  | HIV serology | |
|  | Ferritin |  | Syphilis serology | |
|  | Rubella antibodies |  | MSU / urinalysis | |
|  | Hepatitis B SAg |  | |  |
|  | 12 week ultrasound (for nuchal translucency, dating and fetal number) | | |  |
|  | Morphology ultrasound (20-22 weeks)  *Please note: Not routinely available at the hospital and most women will need to have these ordered and followed-up by their GP* | | | |

**Optional tests -** to consider if clinically indicated (tick all attached)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Early Glucose Tolerance Test or HbA1c *(if high risk of GDM)* |  | TSH |
|  | Early ultrasound *(eg if dates uncertain/concerns with viability)* |  | Varicella Ab |
|  | Cervical screening |  | Chlamydia PCR |
|  | Hb electrophoresis & thalassemia test (+/- partner testing) |  |  |

**Reproductive carrier screening (RCS)** - once a lifetime

*Offer to all women in early pregnancy who have not previously had one*

Has the patient had RCS? *(Please send results when available)*  Yes  No

**Aneuploidy testing**

*Aneuploidy screening should be discussed and offered to all women irrespective of age**. If high risk aneuploidy screening result, follow-up depending on test and result (eg. refer to Clinical Genetics service, NIPT/ CVS/ Amniocentesis)*

Has the patient decided to have aneuploidy screening?  Yes  No

If yes, which test? *(please forward results when available)*

|  |  |  |  |
| --- | --- | --- | --- |
| NIPT | Completed | Ordered | Provider: |
| First Trimester Combined Screening | Completed | Ordered | Provider: |
| Second Trimester MSST | Completed | Ordered | Provider: |

**Consent statement**

* I have obtained the patient’s consent for this referral, its mode of transmission and to share sensitive, personal and health information
* I understand that following triage assessment, this referral may be redirected to a more suitable public health service. *(If your patient does not consent to this, please indicate here: \_\_\_\_\_\_\_\_\_ )*

**Doctor’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

|  |
| --- |
| **General information**   * If emailing [referrals@thewomens.org.au](mailto:referrals@thewomens.org.au) and referral is urgent, use subject line: URGENT\_Pt. Surname\_DoB * Referrals are triaged based on the patient’s residential address proximity to the Women’s and the anticipated need for tertiary level care * If you do not receive a letter in 2 weeks that your referral has been accepted/declined, please contact the Access Centre: (03) 8345 2058, option 2 * Appointment details will be sent to the patient * It is the referrer’s responsibility to continue to monitor the patient’s condition and notify us if there is a change that could affect the urgency of treatment, or the care required * Encourage your patient to use My Health Record to improve access to pathology/imaging reports and discharge summaries   **Useful webpages**   * Maternity Referrals: <https://www.thewomens.org.au/health-professionals/for-gps/referrals/maternity-referrals> * Clinical Genetics Referrals: <https://www.thewomens.org.au/health-professionals/womens-health-services/sexual-reproductive-health/reproductive-services-main/clinical-genetics-service> * Maternity services overview and models of care: <https://www.thewomens.org.au/health-professionals/maternity/maternity-overview> * How we triage referrals: <https://www.thewomens.org.au/health-professionals/for-gps/referrals/how-referrals-are-processed> * Sign up for Parkville Connect to access your patient’s electronic medical record: <https://www.thewomens.org.au/health-professionals/for-gps/parkville-connect> |