**The Royal Women’s Hospital**

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

**From practice software, email:** 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 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>
 |