



REQUEST FOR MATERNITY / OBSTETRIC APPOINTMENTS

Please attach copies of all relevant results to this form

Date of Referral: _____ Please tick if the obstetric referral is **URGENT & contact the on-call obstetrician directly**

Medicare Number: _____ Reference Number: _____ Expiry Date: _____

PATIENT DETAILS

Date of Birth: _____ Surname: _____ First Names: _____

Previous Surname: _____ Address: _____

Phone Numbers: Home: _____ Mobile: _____

Race: Caucasian Aboriginal Torres Strait Islander Other: _____

Interpreter required: Yes No If yes, please state Language: _____

NEXT OF KIN

Surname: _____ First Names: _____

Relationship to Patient: _____ Phone: _____

BOOKING DETAILS

Gravida: _____ Parity: _____ EDD: _____ BMI: _____

Antenatal Care Requested?

- GP/Hospital shared care (Hospital appointment at 18-22 wks and 36 wks. All other appointments by GP)
- GPO/Endorsed Midwife/Hospital shared care (Hospital appointment at 30 wks. All other appointments by GPO/EM)
- GP/Endorsed Midwife/Hospital shared care (Hospital appointment at 30 wks. All other appointments by GP/EM)

Does this patient need to be referred to a Specialist Obstetric consultant?

- NO – proceed to fax/email this form and copies of relevant investigations and results to the central receiving office.
- YES – Please complete REASON FOR REQUESTING SPECIALIST OBSTETRIC CONSULTANT APPOINTMENT:

REFERRING GPO/GP/EM

Name: _____ Provider Number: _____

Phone: _____ Fax: _____ Email: _____

If EM referral, who is the GPO/GP with collaboration agreement: _____

Usual GP: _____

RGH USE ONLY: TRIAGE DETAILS

Maternity Booking

Staff Name: _____ Designation: _____ Signature: _____ Date: _____

- Emergency: Patient contacted and asked to attend for assessment Yes / No
- Urgent: Next available appointment Dates between: _____ and _____
- Semi urgent: Appointment made for 2-4 weeks Dates between: _____ and _____
- Routine: Appointment made for 26-30 weeks Dates between: _____ and _____

Obstetric referral

Staff Name: _____ Designation: _____ Signature: _____ Date: _____

- Emergency: Patient contacted and asked to attend for assessment Yes / No
- Urgent: Next available appointment Dates between: _____ and _____
- Semi urgent: Appointment made for 2-4 weeks Dates between: _____ and _____
- Routine: Appointment made for 26-30 weeks Dates between: _____ and _____

PREGNANCY BLOODS AND INVESTIGATIONS

PLEASE TICK BOX WHEN RESULTS INCLUDED WITH REFERRAL

BOOKING BLOODS AND INVESTIGATIONS

- BLOOD GROUP & RHESUS STATUS
- FBC & IRON STUDIES
- ANTIBODY SCREEN
- RUBELLA STATUS
- HIV
- HEP B
- HEP C
- SYPHILIS (TREPONEMA TPHA OR TPPT)
- VARICELLA
- VITAMIN D
- MSU
- CHLAMYDIA
- DATING ULTRASOUND REPORT
- 1ST TRIMESTER SCREENING REPORT
- PAPP A RESULTS
- NIPT REPORT

18-20 WEEKS: RESULTS AND INVESTIGATIONS

- ANATOMY SCAN REPORT

20-28 WEEKS: RESULTS AND INVESTIGATIONS

- GTT RESULTS
- FBC & RHESUS STATUS
- ANTIBODY SCREENING (IF RH NEGATIVE)

GREATER THAN 34 WEEKS: RESULTS AND INVESTIGATIONS

- REPEAT ULTRASOUND SCAN REPORTS (LOW LYING PLACENTA, GROWTH)
- GBS STATUS
- FBC (>36 WEEKS)

ADDITIONAL RECOMMENDATIONS

- MRSA SCREENING (WOMEN WHO HAVE BEEN HOSPITALISED OUTSIDE OF WA IN THE LAST 12 MONTHS)
- VIT B LEVELS (TO BE OFFERED TO WOMEN WHO ARE VEGETARIAN, VEGAN, MALABSORPTION ISSUES)
- STI'S & BBV'S (REPEAT SCREENING IS RECOMMENDED FOR HIGH RISK WOMEN IN THE 3RD TRIMESTER)
- GONORRHOEA (RECOMMENDED FOR WOMEN WITH INCREASED RISK FACTORS)

Queries? Call the Central receipting office on (08) 9599 4750

EMAIL: RKPG.CentralReceiptingClerical@health.wa.gov.au or FAX: (08) 9599 4659