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| --- | --- |
| https://intranet.mercyhealth.com.au/about-us/PublishingImages/HighRes_Mercy%20Health_Full%20Colour%20Logo.jpg | **Maternity Care Referral Form** |
| Mercy Public Hospital Inc- Mercy Hospital for Women (MHW) |
| 163 Studley Road, Heidelberg Vic 3084 | **Phone:** 03 8458 4111 **Fax:** 038458 4205 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details**  | **Previous MHW patient?** |[ ]  **Yes** |[ ]  **No** |
| **Full Name:**  | Click here to enter text. | **ATSI - Self:** | Choose an item. |
| **Date of Birth:** | Click here to enter text. | **ATSI - Spouse:**  | Choose an item. |
| **Address:** | Click here to enter text. | **Eligible for Medicare?**  |[ ]  **Yes** |[ ]  **No** |
| **Suburb:** | Click here to enter text. | **Post Code:** | Click here to enter text.**4****4** | **Medicare No:** | Click here to enter text. | **IRN** | Ch | **Exp. Date:** | Mm/yyyy |
| **Phone (H):** | Click here to enter text. | **Health Insurance Fund:** | Click here to enter text. |
| **Mobile:** | Click here to enter text. | **Health Insurance No.:** | Click here to enter text. |
| **Interpreter Required?**  |[ ]  **Yes** |[ ]  **No** | **Disability or special needs:**  |[ ]  **Yes** |[ ]  **No** |
| **Language:**  | Click here to enter text. | **Specify**: | Click here to enter text. |

**Referring Doctor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name:**  | Click here to enter text. | **Provider no.:** | Click here to enter text. |
| **Practice Name & Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. | **Phone:** | Click here to enter text. | **Fax :** | Click here to enter text. |

**Current Obstetric History**

|  |  |  |  |
| --- | --- | --- | --- |
| **LNMP:** | Click here to enter text. | **Estimated delivery date:** | Click here to enter text. |
| **Gravida:** | Click here to enter text. | **Parity:** | Click here to enter text. | **Known multiple pregnancy** |[ ]  **Yes** |[ ]  **No** |
| **Height (cm):** | Click here to enter text. | **Weight (kg):** | Click here to enter text. | **BMI\*:** | *\*must be included to enable triage and booking* |
| **Last PAP test ( *date & result*):** | Click here to enter text. | **Female circumcision:** |[ ]  **Yes** |[ ]  **No** |

**Past Obstetric History X if applicable**

|  |  |  |
| --- | --- | --- |
|[ ]  Previous severe pre-eclampsia |[ ]  Gestational diabetes |[ ]  Rhesus isoimmunisation |
|[ ]  Previous small baby <2800g (5lb 8oz) |[ ]  Previous caesarean |[ ]  Previous preterm birth <35 weeks |
|[ ]  Miscarriage x 3 or more |[ ]  Mid trimester loss |  |  |

**Medical History**  **X** *if applicable*

|  |  |  |
| --- | --- | --- |
|[ ]  Diabetes |[ ]  Previous cone biopsy |[ ]  Heart disease |
|[ ]  Anaemia |[ ]  High blood pressure requiring medications |[ ]  Epilepsy (on treatment) |
|[ ]  Asthma (currently on medication) |[ ]  Psychiatric disorders |[ ]  Illicit drug use |
|[ ]  Thyroid disease |[ ]  Current smoker |[ ]  Allergies |
|[ ]  DVT or pulmonary |[ ]  Thalassemia/haemoglobinopathy |[ ]  Alcohol or other drugs |

**Other Relevant Information** *(including current medications)* **CareType**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  |[ ]  Shared Care |[ ]  Team Maternity Care |
| Click here to enter text. |  |[ ]  Routine |[ ]  Case Load Midwifery |
| Click here to enter text. |  |[ ]  Transitions |[ ]  Urgent (*Why?)* |

**Investigations Ordered: Pathology provider is:** *Give copy of results to your patient to bring to her first**appt***.**

|  |  |  |
| --- | --- | --- |
|[ ]  FBE |[ ]  HIV serology |[ ]  Morphology 20 week U/S |
|[ ]  Blood group and antibodies |[ ]  Syphilis |[ ]  Vitamin D |
|[ ]  Rubella |[ ]  MSU / urinalysis |[ ]  Ferritin |
|[ ]  Hepatitis B |[ ]  Dating U/S (if required) |[ ]  Thalassemia testing |
|[ ]  Hepatitis C |[ ]  Varicella |[ ]  Screen for Down Syndrome |

**Doctor’s signature: Date:**

**You should receive written notification from us within 8 working days confirming receipt of your referral. Failure to supply all the required information may lead to a delay in your referral being processed as we may need to seek the additional information.**

**Pages to follow (including cover sheet):**

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