

 $\hfill\square$  Other significant maternity problems

Fax number:

GP MATERINITY	KE	-EKK	AL	. FC	JKM	(03) 5832 2919
Please ensure referrals are faxed to Rosewood Please attach all bloods and ultrasound results				gestation.	Date	
First name		Family name				
Date of birth Mobile number				Alt number		
Address						
Medicare number		Interpreter required		Language		
Introc Strait	intry pirth				Year of arrival	
MEDICAL HISTORY	C	URRENT PREG	NANCY			
□ No		☐ Multiple pregnancy				
Anaesthetic difficulties						7
☐ May refuse blood product (e.g Jehovah's witness)		Gravida	a	Para	a	ВМІ
☐ Diabetes Mellitus ☐ Type 1 ☐ Type 2						
☐ Cardiac disease		EDD LNMP				
☐ Illicit drug use or methadone program						
Asthma	Р	REFERENCES				
Hematological (e.g anaemia Hb <10 or clotting disorder		☐ Midwife care ☐ 'MGP ☐ Obstetrician led care ☐ Private ☐ Shared care				
Epilepsy (on medication)		reater Shepparton area o	-			
Hypertension (additional information required)	-	THE FOLLOWING TESTS HAVE BEEN ATTENDED AT:				
On medications (additional information req)	P:	Pathology Lab:			Radiology clin	IIC:
Mental health (additional information req)						
Thyroid disease (uncontrolled)	_	-				
PREVIOUS PREGNANCIES	L	☐ Blood group and antibodies			∐ Hep B	
☐ 3 or more miscarriages/mid trimester loss		☐ FBE			☐ Hep C	
Parity >5 babies		☐ Ferritin			☐ HIV Ab	0
Severe pre eclampsia		☐ TPHA-Syphillis ☐ MSU			Rubella IgG Random BSL	
☐ Shoulder dystocia		☐ Vitamin D (if indicated)			Pap test (cervical screening)	
☐ Large baby >4500g		☐ Early GTT (if indicated)			Morphology ultrasound	
☐ Small baby <2500g (<10th centile/FGR)	_	1st trimester screening or			☐ Dating ultrasound	
☐ Significant PPH >1000mls	L	NIPT's test	cerning of			asouliu
☐ Previous LUSCS How many	Γ	ABBIRION	NESS:	ATIC::		
3rd or 4th degree tear		ADDITIONAL INFORMATION:				
Gestational diabetes (diet or insulin controlled)						
☐ Seizures in pregnancy or labour	L					
☐ Rhesus isoimmunisation	Γ	REFERRER:				