



# Antenatal Referral

Date of Referral:

Completed form, all pathology and scan results to be emailed to Armadale Health Service Referral Office at [akg.referrals@health.wa.gov.au](mailto:akg.referrals@health.wa.gov.au) preferable before 20 weeks gestation.

**Please contact the Antenatal Clinic Coordinator on 93912901 for all high risk/urgent referrals.**

## Referring Practitioner Details

Practitioner Name:

Practice:

Practice Phone:

Practice Fax:

## Patient Details

Full Name:

DOB:

Known by another name?

ATSI status:

Address:

Medicare Number:

Expiry:

Mobile:

Work/Home Number:

Country of Birth:

Ethnicity:

Interpreter Required: Yes  No

Language:

### Next of kin:

Full Name:

Relationship:

Contact Number:

### This Pregnancy:

Gravida:

Parity:

LMP:

EDD:

EDD Confirmed by Ultrasound: Yes  No

Twin Pregnancy: Yes  No

Height:

Weight:

BMI:

Concerns this pregnancy:



## Obstetric History

	Year	Outcome	Baby Sex	Gestation (w)	Baby Weight	Hospital / Place of Birth
1.						
2.						
3.						
4.						
5.						

**Gestational Diabetes Risk Factors:** (Please refer for an early GTT >12 weeks)

BMI >35  Prev GDM  PCOS  Age >40  FHx Diabetes  Prev LGA or Baby >4kg

**Please detail below any significant obstetric history:**

**Preterm Birth Prevention:**

Anatomy Ultrasound Cervix length:  Transabdominal  Transvaginal

Progesterone Commenced: Yes  No

Please indicate if history of:

- Preterm birth before 35 weeks gestation
- Uterine Anomaly
- Perinatal Loss between 16-24 weeks
- Significant Cervical Intervention e.g LLETZ, cone biopsy

## Medical & Surgical History

**Medical & Surgical History:**

**Current Medications:**

**Medical Allergies:**



### Preferred Model of Care

- 1. Hospital Led Antenatal Clinic from 20 weeks and public delivery**  
Patients will only be seen prior to 20 weeks by a midwife or doctor if identified risks in the referral suggest earlier consultation and referral is necessary.
- 2. GP own and/or eligible midwife and public delivery:**  
Name of GP Obstetrician/Endorsed Midwife:
- 3. Private patient under the care of GP-Obstetrician (Non-Medicare Patients)**  
Non-Medicare Eligible patients are required to have care under a private GP Obstetrician to meet finance requirements.  
  
Chosen GP Obstetrician: Dr Philpott  Dr Wade  Dr White  Dr Perry   
Dr Foo  Dr Malomo  Dr Moolla
- 4. Midwifery Group Practice from 12 weeks and public delivery**  
Allocations are made based on availability, patient’s residing location and risk factors. Where allocations are not able to be made, the patient will be allocated to the Antenatal Midwife Clinic from 20 weeks.
- 5. Boodjari Yorgas Midwifery Group Practice from 12 weeks**  
Culturally safe continuity of care service for Aboriginal women and women having an Aboriginal baby.

### Antenatal First Trimester Routine Tests Required for this Referral:

Referrals without attached results may be rejected back to the referrer.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dating Ultrasound           | <input type="checkbox"/> Full Blood Picture             | <input type="checkbox"/> Ferritin             |
| <input type="checkbox"/> Blood Group                 | <input type="checkbox"/> Antibody Screen                | <input type="checkbox"/> Vitamin D            |
| <input type="checkbox"/> Chlamydia/Gonorrhoea Screen | <input type="checkbox"/> Random Glucose                 | <input type="checkbox"/> Midstream Urine MC&S |
| <input type="checkbox"/> Rubella IgG Serology        | <input type="checkbox"/> Varicella Serology             | <input type="checkbox"/> Syphilis Serology    |
| <input type="checkbox"/> Hepatitis B Surface Antigen | <input type="checkbox"/> Hepatitis C Antibodies         | <input type="checkbox"/> HIV Antibodies       |
| <input type="checkbox"/> Thyroid Stimulating Hormone | <input type="checkbox"/> Cervical Screen within 5 years |   |

### Fetal Anomaly Screening Offered

Please include report or arrange for copies of results to be sent to the Antenatal Clinic.

Testing Performed: Yes  No

- a) First Trimester biochemistry (9-14 wks) **AND** Nuchal Translucency Ultrasound (11-14wks)
- b) NIPT Blood Test (10 weeks) **AND** Early Anatomy Ultrasound (11-13+6 weeks)
- c) Second Trimester Screen Maternal Serum (15-17 wks) (if First Trimester Screen missed)

### Fetal Anatomy Ultrasound scan at 18-20 weeks

Please include report or arrange for copies of results to be sent to the Antenatal Clinic.

Ultrasound Performed: Yes  No

Fetal Anomaly Identified: Yes  No  Low Lying Placenta: Yes  No