Latrobe Regional Hospital

Gippsland Private Consulting Suites
Consulting Suites 3 & 4
Telephone: +613 5173 8111 Facsimile +613 5173 8097

Maternity Referral

First name:

Surname:

Date of Birth:

Address:

Mobile No.:

Home No.:

Medicare No.:

Country of Birth:

Gravida:	**Para:**
LNMP:	**EDD:**
Height:	**Weight:**
BMI:	

Referring Doctor

Office Stamp:

(Please include provider no.)

Requested Obstetrician

Medical History

- ☐ **Anaesthetic** difficulties
- ☐ **Diabetes** before being pregnant
- ☐ **Cardiac Disease** (significant)
- ☐ Current **illicit drug use** or **methadone/buprenorphine**
- ☐ **Asthma** (hospitalised in last 12 months)
- ☐ **Haematological disorders**, anaemia or DVT clots
- ☐ **Epilepsy** (on medication)
- ☐ **Hypertension** (list medication below or attach)
- ☐ **Multiple** pregnancy
- ☐ On **medications** (list medication below or attach)
- ☐ **28 weeks** with no antenatal care
- ☐ **Rare or severe** problems
- ☐ **Thyroid disease** (uncontrolled)

Previous Pregnancies

- ☐ **3 or more** pregnancies
- ☐ **Fits** in pregnancy or labour
- ☐ **Rhesus isoimmunisation**
- ☐ Parity > **5 babies**
- ☐ Severe **pre-eclampsia**
- ☐ **Other significant** maternity problems
- ☐ **Shoulder dystocia**
- ☐ **Large baby** > 4500g
- ☐ **Small baby** < 2500g
- ☐ Significant **PPH** ≥ 1000mLs
- ☐ **One** caesarean birth
- ☐ **Multiple** caesarean births

Additional information:

☐ **Additional information attached**

The following tests have been requested

- ☐ Blood Gp & Antibodies
- ☐ FBE
- ☐ Hb electrophoresis
- ☐ Ferritin
- ☐ MSU – m/c/s
- ☐ HepBsAg
- ☐ Hep C
- ☐ Chlamydia
- ☐ Dating ultrasound

- TPHA
- Morphology ultrasound
- Aneuploidy screening
- Pap test
- OGTT (if risk factors e.g.: GDM)
- HIV ab
- Rubella IgG
- Random serum glucose