



REQUEST FOR OUT PATIENT APPOINTMENT OBSTETRICS ANTENATAL Fiona Stanley Hospital

PLEASE NOTE ALL GP'S WISHING TO ENTER A SHARE CARE PARTNERSHIP WITH FSH MUST USE THE NWHPR AND FOLLOW THE FSH GP SHARED CARE GUIDELINES

Please print in UPPERCASE and ensure all fields are completed prior to faxing.

<u>Patient Details</u>			
Family Name:		NOK Relationship:	
Given Name:		NOK Family Name:	
Date of Birth:		NOK Given Name:	
Address:		NOK Address:	
		NOK Contact:	
Home Contact:		Have you previously been to Fiona Stanley Hospital?	
Mobile Contact:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maiden Name:		Marital Status	
Previous Family Name:		Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you been hospitalised in the last 7 Days?		Employment Status:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Care Card / Pension:	
Admission Date	Discharge Date	Ref No:	Expiry Date:
Medicare Number:			
Ref No:	Expiry Date:		

Remember: Patients must bring their Medicare Card to their appointments

GP Referral Details

Referring GP _____

Surgery _____

Address _____

Phone _____





**REQUEST FOR OUT PATIENT APPOINTMENT
 OBSTETRICS ANTENATAL
 Fiona Stanley Hospital**

Patient Details

Gravida _____ Para _____ LMP _____
 EDD (by dates) _____ EDD (by Ultrasound) _____
 Weight _____ kgs Height _____ m BMI _____

<u>Current Pregnancy:</u>	<u>Previous Obstetric History/Complications:</u>
<u>Allergies:</u>	<u>Significant Medical History:</u>

To ensure all women have the required Antenatal investigations we request you to order the following tests and ensure photocopies of results from the tests listed below are sent to Fiona Stanley Hospital and/or give to the patient to bring to their first Antenatal Clinic Appointment.

- Results Attached
 Results with Patient
 Results sent direct to FSH Fax

Check (X) beside those test you have the results for or if you have arranged the test.
 PathWest collection centre is available at Fiona Stanley and results for tests performed at PathWest are automatically made available to staff at Fiona Stanley.
 **Please attend GTT early if previous history of GDM

Full Blood Picture including Fe	<input type="checkbox"/>	Glucose Tolerance Test **	<input type="checkbox"/>
Group and atypical antibodies	<input type="checkbox"/>	Midstream Sterile Urine	<input type="checkbox"/>
Hep B Surface antigen / Hep C	<input type="checkbox"/>	Pap (within 2 years)	<input type="checkbox"/>
HIV antibodies	<input type="checkbox"/>	Early dating ultrasound (if dates)	<input type="checkbox"/>
Rubella antibodies	<input type="checkbox"/>	1 st trimester screen (11-13wks)	<input type="checkbox"/>
Syphilis antibodies	<input type="checkbox"/>	Fetal anatomy U/S 18 to 20 wks	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	Iron Studies	<input type="checkbox"/>
TFT	<input type="checkbox"/>	Vitamin D	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Please send this completed form to: **Fiona Stanley Referral Service **FAX 6152 9762****
 (One Patient Per Form)

This document can be made available in alternative formats on request.

Fiona Stanley Hospital

Locked Bag 100 Palmyra DC WA 6961

Telephone (08) 6152 2222

www.fsh.health.wa.gov.au

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FSH Antenatal GP Referral Form, version 1

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Page 2 of 2