Health
Western Sydney
Local Health District

NSW GOVERNMENT

ANTENATAL REFERRAL LETTER

CIRCLE which staff specialist/ VMO

- - - -

at Westmead:
Prof Alahakoon
Dr Anpalagan
Dr Arrage
Dr Athayde
Dr Bakal
Dr Bell
Dr Goh
Dr Inglis
Dr Jayasinghe
Dr Maravar
Dr McGee
Dr Mukerji
Dr Nayyar
Dr Pesce
Prof Pasupathy
Dr Samiei-Sarir
Dr Shetty
Dr Siriwardena
Dr Sivananthan
Dr Su
Dr Zen
or
Westmead Clinic

- - - -

at Blacktown:
Dr Chan
Dr Delgado
Dr Gomez
Dr Mansoor
Dr Marry
Dr Martin
Dr Perera
Dr Santiagu
Dr Wong
Dr Yim
or
Blacktown Clinic

- - - -

at Auburn:
Dr Ardalic
Dr Chen
Dr Maravar
Dr Mohan
or
Auburn Clinic

Consultants may choose to exercise their rights to private practice.

In this case, there will be No out of pocket costs incurred.

PERSONAL DETAILS

Surname (Family Name): ____________________ Given Name: ____________________ Medicare No: ______________
Address: ______________________________________ City: ____________________ Postcode: ________________
Email: ____ D.O.B: _____/______/_______
Telephone:(Home) ______________________________ Mobile: ___________________________

Interpreter: Yes: ❒ No: ❒ If 'Yes' – specify language?

Patient Status: Aboriginal ❒ TSI ❒ Both ❒ Declined ❒ Unknown ❒ Neither ❒

Partner Status: Aboriginal ❒ TSI ❒ Both ❒ Declined ❒ Unknown ❒ Neither ❒

CURRENT PREGNANCY

L.M.P: __________ E.D.D: ________________

Gravida: __________ Para: ________________

Current Pregnancy Concerns:

____

____

Significant Previous Obstetric History:

____

____

Previous / Relevant Gynaecology History:

____

____

Last Cervical Screen: Date: / /

❒ Self-collect ❒ Clinician collect

Ultrasound: ____________________

EXAMINATION

BP: ____ / ____ at _____ week's gestation

Weight: _____ Height: _______ BMI: _________

UA: ____________________________

Other findings: ____________________________

REFERRING DOCTORS DETAILS

Name: ____________________________________

Address: __________________________________

Fax: _______________ Phone: _______________

Provider No: ______________________________

Please arrange necessary consultation:

GP Signature: _____________________________

MEDICAL HISTORY

	Yes	No
▪ Hypertension:	❒	❒
▪ Diabetes:	❒	❒
▪ Depression/Anxiety:	❒	❒
▪ Cardiac:	❒	❒
▪ Epilepsy:	❒	❒

Other relevant medical history: ________________

____

____

Medications: ____________________________

____

ANTENATAL INVESTIGATIONS

Please Record Laboratory & Ultrasound Practices Used:

____

____

Please send __a copy__ to ANC __with your referral__ as we __cannot__ provide a Booking In appointment without these:

- Blood group and antibody screen ❒
- Full blood count ❒
- Random BGL (venous) ❒
  (if >7.1 needs OGTT; if >11.1 treat for Diabetes)
- Rubella IgG ❒
- Syphilis (ELISA) ❒
- Hepatitis B (surface antigen) ❒
- MSU for M / C / S ❒
- HIV / Hep C ❒
- Vitamin D (in at risk women) ❒
- Ultrasounds ❒

NT Down Syndrome screening: (11-13 weeks)
Counselled: ❒ Declined: ❒ Booked: ❒
NIPT screening: (from 10 weeks)
Counselled: ❒ Declined: ❒ Booked: ❒

I am a **WSLHD** accredited Shared Care GP.
THIS PATIENT IS TO RETURN FOR SHARED CARE
Yes: ☐ No: ☐

Westmead: Fax to 8890 5198 or Email: WSLHD-WestmeadPregnancyBookings@health.nsw.gov.au
Blacktown: Fax to 8670 5343 or Email: WSLHD-BMDHwhc@health.nsw.gov.au
Auburn: Fax to 8759 3246 or Email: WSLHD-Auburn-WomensHealth@health.nsw.gov.au

Appointments will be mailed out in approximately 4 weeks unless an urgent appointment is required.

Updated V6 20/09/2022