

GYNAECOLOGY REFERRAL for RECURRENT MISCARRIAGE

Please CIRCLE
Doctor's name

PERSONAL DETAILS

Name: _____ Medicare No: _____
 Date of Birth: _ / _ / ____ Telephone No: _____
 Address: _____
 _____ Email: _____
 Interpreter: No: Yes: If 'Yes' – specify language?

Westmead
Hospital
Clinic
Doctors

Dr Su

REASON FOR REFERRAL

Criteria for referral:

<42 y/o **and** one of the criteria below -

- If no previous live birth
 - ≥ 2 consecutive first trimester pregnancy loss (including biochemical, pregnancy of unknown location (PUL) and ectopic pregnancy) in the same relationship.
- If previous live birth
 - ≥ 3 consecutive first trimester pregnancy loss (including biochemical, pregnancy of unknown location (PUL) and ectopic pregnancy) in the same relationship.

Auburn
Hospital
Clinic
Doctors

Dr Su

Dr Sivananthan

Please make sure to attach all relevant investigations such as ultrasound and pathology results. Please also advise your patient to bring films of all ultrasound and CT scans to their visit so that we can review them

Relevant co-morbidities / past medical and surgical history

Medications and allergies

REFERRING DOCTORS DETAILS

Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Provider No: _____
 GP Signature: _____ Doctor's Name: _____
 Date: _ / _ / ____

PATIENT WILL RECEIVED AN APPOINTMENT LETTER FROM HOSPITAL WITH THE DATE & TIME OF THEIR APPOINTMENT
 Please contact the relevant hospital for enquires regarding your appointment

Westmead: Fax to 8890-5198
 Blacktown: Fax to 9881-7633
 Auburn: Fax to 8759-3246

Gynae Hotline Westmead Only 8890-6168
Gynae Hotline Blacktown Only 8670-8356
Gynae Hotline Auburn Only 8759-3278