



Perinatal Medicine MBS Clinic Referral Form

Mercy Public Hospital Inc - Mercy Hospital for Women

163 Studley Road, Heidelberg Vic 3084 Phone: 03 8458 4248 Fax: 03 8458 4205

Patient Details X where applicable

Previous Mercy Hospital for Women (MHW) patient?		Yes	No
Full Name:		ATSI:	Not Aboriginal or TSI
Date of Birth:		Eligible for Medicare:	Yes
Address:		Medicare No:	IRN:
Post Code:		Health Insurance Fund:	Exp. Date:
Phone (H):	Mobile:	Disability or special needs:	Yes
Language spoken at home:		Specify:	
Interpreter Required?	Language:		

Referring Doctor

Print name:	Provider no.:
Practice Name & Address:	
	Postcode:

Referral to: X where applicable

Maternal Fetal Medicine Service	Physicians	Paediatrics
Prof Sue Walker	Dr Kathy Paizis (Renal)	Dr Joe Crameri (Surgeon)
Dr Alison Fung	Dr Lachlan Hayes (Haematology)	Dr Lance Fong (Cardiac)
Dr Alexis Shub	Dr Natasha Holmes (Infectious Disease)	
Assoc. Prof. Lisa Hui	Dr Jennifer Jones (Cardiac)	
Dr Elizabeth McCarthy	Dr Christine Houlihan (Endocrinology)	
Dr Alice Robinson	Dr Terasa Lancefield (Cardiac)	
Mon – Complex Maternal Medicine service	Tue - Haematology & Infectious Diseases service	Wed/Thur - Fetal diagnostic & management service
		Thu – Endocrinology, preterm prevention, fetal loss service
		Fri – Surveillance / Review

Current Obstetric history:

LNMP:	Estimated delivery date:
Gravida:	Parity:
Height (cm):	Weight (kg):
Last PAP test (date & result):	BMI*:
	Female circumcision:

Past History: obstetric, medical, mental health, genetic, family

Medicines & Allergies:

Investigations Ordered: (Please attach all relevant results to assist us to triage correctly)

Doctor's signature: _____ Date: _____

You should receive written notification from us within 8 working days confirming receipt of your referral. Failure to supply all the required information may lead to a delay in your referral being processed as we may need to seek the additional information. Pages to follow (including cover sheet):

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Reason for Referral / Diagnosis

Referral Notes