



# 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	Both Aboriginal or TSI	TSI
Date of Birth:		Eligible for Medicare:		Yes	No
Address:		Medicare No:		IRN:	Exp. Date:
Post Code:		Health Insurance Fund:		No.:	
Phone (H):	Mobile:	Disability or special needs:		Yes	No
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 Johns (Cardiac)	
Dr Elizabeth McCarthy	Dr Christine Houlihan (Endocrinology)	
Dr Alice Robinson	Dr Terasa Lancefield (Cardiac)	
<b>Mon</b> – Complex Maternal Medicine service	<b>Tue</b> - Haematology & Infectious Diseases service	<b>Wed/Thur</b> - Fetal diagnostic & management service
		<b>Thu</b> – Endocrinology, preterm prevention, fetal loss service
<b>Fri</b> – Surveillance / Review		

**Current Obstetric history:**

LNMP:	Estimated delivery date:			
Gravida:	Parity:	Known multiple pregnancy	Yes	No
Height (cm):	Weight (kg):	BMI*:	<i>*must be included to enable triage and booking</i>	
Last PAP test ( date & result):	Female circumcision:	Yes	No	

**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**