

Referral to Antenatal Clinic Osborne Park Hospital

Patient details

Surname: _____ Address: _____
Given names: _____
Former surname: _____ Telephone: _____
Date of Birth: _____ Previous attendance OPH: _____ If so, year: _____
Medicare number: _____ Interpreter required? _____ If so, language: _____

Clinical details

LMP: _____ **EDD:** _____ **Gravida:** _____ **Para:** _____

Presence of exclusion criteria for OPH?

- Type 1 or 2 diabetes, poorly controlled or insulin requiring gestational diabetes
- Severe or unstable medical disorders
- Likely to reach >120 kg or BMI>40
- Complications which may require tertiary care.

Risk factors:

- Gestational diabetes
- Previous obstetric complications (please comment if relevant):

Other past medical history:

If any of these conditions are present, please refer to King Edward Memorial Hospital.

Medications:

Please note that the first appointment at the clinic is likely to be after the first trimester screening period. GP care and screening is therefore the only opportunity to detect early problems.

Please order and arrange for copies of the following tests to be sent to the OPH Antenatal Clinic or fax these directly to us at 93468215. We will arrange for copies of tests ordered at OPH to be sent to GPs.

- | | | | |
|-------------------|--------------|---|--|
| • FBP | • Rubella Ab | • Treponema serology | • 1 st trimester screening (11-14 wks, (blood & ultrasound) |
| • Blood group | • Hep B S Ag | • Chlamydia urine | • Anatomical ultrasound scan (18-20 wks) |
| • Antibody screen | • HepC Ab | • Chlamydia self-obtained vaginal swab | |
| • MSU | • HIV Ab | • Vitamin D (if risk of low sun exposure) | |
| • Pap smear | | • BSL (if risk of gestational diabetes) | |

About shared care and antenatal management

At Osborne Park Hospital we value shared care with GPs and the continuity that this provides. Following the initial visit well women will continue their antenatal care with their GPS until their next review at OPH at 36 weeks. At any time should GPs or women choose they may contact the clinic for an earlier review.

Care options:

If NOT intending to share care please state this and provide comments below:

Other comments:

GP name, address, telephone (stamp)

Date:

Signature:

For more information on Obstetrics at OPH go to <http://www.oph.health.wa.gov.au/gpinfo/obstetrics.php>

Please fax this form to 9346 8215. To contact us call 93468010.