REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**MATERNITY SERVICES CLINIC**

Template for correspondence about patient with

**PREGNANCY**

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| **SEND TO** Dr Benjamin Bopp (Director of Obstetrics)Antenatal BookingsOfficeFax: 07 5687 1597  **OR****Secure transmission service via Medical Objects or****Healthlink to****QHEALTH,GOLD COAST HEALTH Antenatal****Antenatal Bookings and Referrals** | **FROM** **Doctors Name:** **Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:**  |

All completed referrals received will be processed with an initial Midwife Booking Appointment.

Antenatal investigations including ultrasound and blood testing need to be ordered but not necessarily completed to be processed.

For urgent pregnancy related issues regarding referred patient including suspected high risk early referral please contact the services below.

**GP Liaison Antenatal Service** Mon - Fri 8:00am - 4:30pm Phone 07 5687 1525

For urgent pregnancy advice after hours please contact the **Maternity Assessment Clinic:** 07 5687 1424.

Early Pregnancy Assessment Service (less than 16 weeks gestation) Phone: 07 5687 5061 Fax: 07 5687 7892

Dear Dr Bopp

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

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| **Gender:** **Address:** **Home Ph**: **Mobile Ph:** **Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:** **If yes, specify language:**  |

**SECTION 2 Reason for referral and obstetric information**

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| What is the reason for this referral:Please indicate the type of care required for this patient: Is this pregnancy planned or unplanned: Estimated date of delivery:Mode of any previous deliveries:Previous complications:Assisted conception: **Paste or type relevant history, clinical examination findings and treatment to date if required** |

**SECTION 3 Mandatory clinical information**

Gravida - total number of pregnancies:

Parity - total number of births:

Last menstrual period:

Miscarriage/TOP:

Current blood pressure:

BMI:

Current or previous substance abuse/dependence:

If yes, please specify:

Current or previous significant mental health problems:

If yes, please specify:

Other health care providers involved in her care:

If yes, please specify:

**SECTION 4 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach any investigation results you consider to be relevant. Please consider requesting a GTT early in the pregnancy of patients considered to be high risk.

**FBC:**

**Blood Group:**

**Antibody Screen:**

**Rubella:**

**Hepatitis B and C:**

**HIV and Syphilis Serology:**

**MSU:**

**Ultrasound scans:**

**GTT:**

**Cervical screen result:**

**SECTION 5 Social factors and impact on the patient**

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| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;other factors. **Please paste or type relevant information.** |

**SECTION 6 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

**Maternity Services Clinicians**

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| --- | --- | --- |
| Dr Benjamin Bopp (Director) | Dr Donald Angstetra  | Dr Chris Arthur |
| Dr Deryck Charters  | Dr Bridget Gilsenan | Dr Nelson Gonzalez |
| Dr Sean Holland | Dr Richard Loong  | Dr Vanitha Math  |
| Dr Angela Model  | Dr Erlich Sem  | Dr Anne Sneddon  |
| Dr Luke Waldrip  | Dr Audris Wong |  |

**Maternal Fetal Medicine Clinicians**

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| Professor David Elwood (Director of MFM) |
| Dr Adriana Olog  |
| Dr Justin Nasser |