Government of Western Australia
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

FIONA STANLEY hospital

REQUEST FOR OUT PATIENT APPOINTMENT OBSTETRICS ANTENATAL Fiona Stanley Hospital

PLEASE NOTE ALL GP'S WISHING TO ENTER A SHARE CARE PARTNERSHIP WITH FSH MUST USE THE NWHPR AND FOLLOW THE FSH GP SHARED CARE GUIDELINES 2016

Please print in UPPERCASE and ensure all fields are completed prior to faxing.			
Patient Details			
Family Name:		**NOK Relationship:**	
Given Name:		**NOK Family Name:**	
Date of Birth:		**NOK Given Name:**	
Address:		**NOK Address:**	
		NOK Contact:	
Home Contact:		**Have you previously been to Fiona Stanley Hospital?**	
Mobile Contact:		☐ Yes	☐ No
Maiden Name:		**Marital Status**	
Previous Family Name:		**Interpreter:** ☐ No ☐ Yes	
Have you been hospitalised in the last 7 Days?		**Employment Status:**	
☐ **Yes**	☐ **No**	**Health Care Card / Pension:**	
Admission Date	**Discharge Date**	**Ref No:**	**Expiry Date:**
Medicare Number:			
Ref No:	**Expiry Date:**		
Remember: Patients must bring their Medicare Card to their appointments			

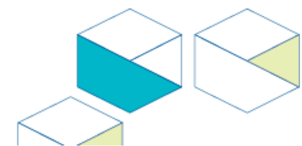
GP Referral Details

Referring GP ______________________________

Surgery ______________________________

Address ______________________________

Phone ______________________________



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Patient Details

Gravida ________________ **Para** ______________ **LMP** ______________

EDD (by dates) __________________ **EDD (by Ultrasound)** __________________

Weight _________ **kgs** **Height** ___________**m** **BMI** ______________

Current Pregnancy:	**Previous Obstetric History/Complications:**
Allergies: **Medications**:	**Significant Medical History:**

To ensure all women have the required Antenatal investigations we request you to order the following tests and ensure photocopies of results from the tests listed below are sent to Fiona Stanley Hospital and/or give to the patient to bring to their first Antenatal Clinic Appointment.

☐ Results Attached ☐Results with Patient ☐Results sent direct to FSH Fax

Check (X) beside those test you have the results for or if you have arranged the test.
PathWest collection centre is available at Fiona Stanley and results for tests performed at PathWest are automatically made available to staff at Fiona Stanley.
**Please attend GTT early if previous history of GDM

Test		Test	
Full Blood Picture including Fe	☐	Glucose Tolerance Test **	☐
Group and atypical antibodies	☐	Midstream Sterile Urine	☐
Hep B Surface antigen / Hep C	☐	Pap / CST (within 2 years)	☐
HIV antibodies	☐	Early dating ultrasound (if dates	☐
Rubella antibodies	☐	1st trimester screen (11-13wks)	☐
Syphilis antibodies	☐	Fetal anatomy U/S 18 to 20 wks	☐
Chlamydia	☐	Iron Studies	☐
TFT	☐	Vitamin D	☐
Other	☐	Haemoglobinopathy Screening (for at risk mothers)	☐

Please send this completed form to: FSFHG Referral Service FAX 6152 9762
(One Patient Per Form)

This document can be made available in alternative formats on request.
Fiona Stanley Hospital
Locked Bag 100 Palmyra DC WA 6961
Telephone (08) 6152 2222
www.fsh.health.wa.gov.au
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