

Maternal Fetal Medicine Referral

Women's Health Service

Please complete all the details so the Maternal Fetal Medicine Team can process the referral promptly.

Date of referral:		
Patient name:	Patient address:	Patient phone (home):
Date of birth	NHI	(mobile):
Referrer name:	Referrer address:	Referrer phone contact:
LMC name:	LMC address:	LMC phone contact:
GP name:	GP address:	GP phone contact:
LMP:	EDD (USS confirmed):	Gravida: Para:
Blood group:	1st Antenatal blood results attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Antenatal screening results attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last USS:	Last USS report enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nuchal translucency (NT) scan performed Yes <input type="checkbox"/> No <input type="checkbox"/>		All USS reports attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Result of NT scan:		
Reason for referral / provisional diagnosis:		
Referral discussed with:		Date discussed with MFM:
Has appointment been made already Yes <input type="checkbox"/> No <input type="checkbox"/>	Appointment: Date:	Time:
Referrals can be emailed with supporting documentation to: From 0800-1630hrs – Referrals are prioritised daily by one of our fetal medicine consultants For urgent communication – Contact MFM sub-specialist on call via Hospital Switchboard <i>Or</i> MFM Midwife Phone: 0211998223 (Wellington Hospital) For any urgent or urgent out of hours communication please contact the on call Obstetric Consultant, through the Wellington Hospital switchboard		