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| GP Obstetric Shared Care Referral |  | **Referral Date:** <<Miscellaneous:Date (long)>>**GP Review Date:** [<<Date for patient review>>](##CUSTOM#|D|||10|  /  /    )**Feedback Requested:**  Yes |

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| **Referral to:**<<Addressee:Name>><<Addressee:Full Address>>Phone: <<Addressee:Phone>> Fax: <<Addressee:Fax>>Email: <<Addressee:E-mail>>**Service requested:** [<<Service Requested:>>](#CUSTOM)  |  | **Referring General Practitioner:**<<Doctor:Name>><<Practice:Name>><<Practice:Address>>Phone: <<Practice:Phone>>Fax: <<Practice:Fax>>Email: <<Doctor:E-mail>>Provider No.: <<Doctor:Provider Number>> |

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| **Consumer details:**Name: <<Patient Demographics:First Name>> **<<Patient Demographics:Surname>>****Date of Birth:** <<Patient Demographics:DOB>>Preferred Name/s: <<Patient Demographics:Greeting>>Sex: <<Patient Demographics:Sex>>Title: <<Patient Demographics:Title>>Medicare Number: <<Patient Demographics:Medicare Number>> |  | **Contact Address:** <<Patient Demographics:Full Name>><<Patient Demographics:Address>><<Patient Demographics:City>> <<Patient Demographics:State>> <<Patient Demographics:Postcode>>Phone: <<Patient Demographics:Phone (Home)>>Work: <<Patient Demographics:Phone (Work)>>Mobile: <<Patient Demographics:Phone (Mobile)>>Email: <<Patient Demographics:E-mail>>**Alternative Contact:** [<<Alternative Contact (Name/Ph/Relationship)>>](#CUSTOM) |

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**Reason for patient referral:**

[<<Reason for Referral>>](#CUSTOM)

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**Other Notes (eg Current services ):** [<<Other Notes (eg Current services )>>](#CUSTOM)

**Pregnancy Reference Number:** [<<Pregnancy Reference Number>>](#CUSTOM)

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| **Interpreter required:** [<<Does the patient require an interpreter?>>](##CUSTOM#|L|||50|1 - Interpreter not needed^|2 - Interpreter needed) |
| **Preferred language is:** [<<If interpreter needed, which language>>](##CUSTOM#|C|20||0|) |

## Consent to referral and sharing of relevant information: [<<Consent to referral and sharing of relevant info?>>](##CUSTOM#|L||SU|7|Yes^|No)

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<<Doctor:Name>>

**Clinical Information:**  <<Patient Demographics:First Name>>**<<Patient Demographics:Surname>>** DOB:<<Patient Demographics:DOB>>

**Alcohol:** <<Clinical Details:Alcohol>>

**Smoking:** <<Clinical Details:Smoking>>

**LMP:** <<Clinical Details:LNMP>>

**EDC:** <<Clinical Details:EDC>>

**Gravida:** <<Clinical Details:Gravida>>

**Parity:** <<Clinical Details:Parity>>

**Past Obstetric History:**

<<Clinical Details:Past Obstetric History>>

**Warnings:** <<Clinical Details:Warnings>>

**Allergies:** [<<Clinical Details:Allergies>>](R)

**Current Medication:**

<<Clinical Details:Medication List>>

**Social History:**

<<Clinical Details:Social History>>

**Past Medical History:**

[**<**<Clinical Details:History List>>](#SCY)

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**Progress Notes:**

<<Summary:Progress Notes (Selected)>>

**Pregnancy Pathology Results:**

<<Clinical Details:Pregnancy Pathology Results>>

**Name of laboratory:** [<<Name of laboratory:>>](#CUSTOM)