

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

|  |  |  |
| --- | --- | --- |
| **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>> |

---------------------------------------------------------------------------------------------------------------------------------

|  |  |  |
| --- | --- | --- |
| **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) |

---------------------------------------------------------------------------------------------------------------------------------

**Reason for patient referral:**

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

---------------------------------------------------------------------------------------------------------------------------------

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

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

|  |
| --- |
| **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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<<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)

---------------------------------------------------------------------------------------------------------------------------------

**Progress Notes:**

<<Summary:Progress Notes (Selected)>>

**Pregnancy Pathology Results:**

<<Clinical Details:Pregnancy Pathology Results>>

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