|  |  |  |
| --- | --- | --- |
| GP Obstetric Shared Care Referral |  | **Referral Date:** Miscellaneous.Date**GP Review Date:** date.patient.review**Feedback Requested:**  Yes |

|  |  |  |
| --- | --- | --- |
| **Referral to:**Addressee.NameAddressee.Full AddressPhone: Addressee.PhoneFax: Addressee.FaxEmail: Addressee.E-mail**Service requested:** [«CUSTOMFIELD|484009|C|Service.Requested|S»](file:///C%3A%5CMDW2%5C)  |  | **Referring General Practitioner:**Treating Doctor.NamePractice.NamePractice.AddressPhone: Practice.PhoneFax: Practice.FaxEmail: Treating Doctor.E-mailProvider No.: Treating Doctor.Provider Number |

|  |  |  |
| --- | --- | --- |
| **Consumer details:**Name: Patient Demographics.First Name **Patient Demographics.Surname**Date of Birth:Patient Demographics.DOBPreferred Name/s: Patient Demographics.Popular NameSex: Patient Demographics.GenderTitle: Patient Demographics.TitleMedicare Number: Patient Demographics.Medicare Number |  | **Contact Address:** Patient Demographics.Full NamePatient Demographics.AddressPatient Demographics.SuburbPatient Demographics.PostcodePhone: Patient Demographics.Phone (Home)Work: Patient Demographics.Phone (Work)Mobile: Patient Demographics.Phone (Mobile)Email: Patient Demographics.E-mail**Alternative Contact:** [«CUSTOMFIELD|484007|C|alt.contact|Alterna»](file:///C%3A%5CMDW2%5C) |

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**Reason for patient referral:**

reason.for.referral

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**Other Notes (eg Current services ):** [«CUSTOMFIELD|484004|C|Other Notes|Other N»](file:///C%3A%5CMDW2%5C)

**Pregnancy Reference Number:** [«CUSTOMFIELD|484005|C|pregnancy.reference»](file:///C%3A%5CMDW2%5C)

**Interpreter required:** Interpreter

**Preferred language is:** [«CUSTOMFIELD|484001|C|language?|If interp»](##CUSTOM#|C|20||0|)

## Consent to referral and sharing of relevant information: [«CUSTOMFIELD|484006|B|ref.consent.share|C»](##CUSTOM#|L||SU|7|Yes^|No)

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

Treating Doctor.Name

**Clinical Information:**  Patient Demographics.First Name**Patient Demographics.Surname**

DOB:Patient Demographics.DOB

**Alcohol:** Clinical Details.Alcohol

**Smoking:** Clinical Details.Smoking

**LMP:**

**EDC:** Pregnancy.EDC

**Gravida:**

**Parity:**

**Past Obstetric History:**

Obstetric.hist

**Warnings:Clinical Details.Warnings**

**Allergies:** [«ClinicalDetails.Allergies»](file:///C%3A%5CDocuments%20and%20Settings%5Ckgallary.GPPA%5CLocal%20Settings%5CTemporary%20Internet%20Files%5CContent.Outlook%5C2Y3Q7W9O%5CR)

**Current Medication:**

Clinical Details.Medication List

**Social History:**

Clinical Details.Social History

**Past Medical History:**

Clinical Details.Past History

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**Progress Notes:**

**Pregnancy Pathology Results:**

**Name of laboratory:** [«CUSTOMFIELD|484008|C|name.laboratory|Nam»](#CUSTOM)