

# NWAHS Antenatal Service Referral

Patient label here

**Referral to:**

Dr Tania Hingston  
Antenatal Services  
North West Area Health Service  
Mersey and Burnie Campus  
Tasmania  
Phone: 1800 027 538  
Fax: 1800 027 538

**Referring General Practitioner:**

Name: \_\_\_\_\_  
Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Provider No.: \_\_\_\_\_

**Referral Date:** \_\_\_\_\_

**Patient's usual GP:** \_\_\_\_\_

**Patient details:**

Name: \_\_\_\_\_  
Maiden/former surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
**Contact Address:** \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Pension Card Number:** \_\_\_\_\_  
**Medicare Number:** \_\_\_\_\_  
**DVA Number:** \_\_\_\_\_  
**Insurance:** \_\_\_\_\_  
**Emergency Contact:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dear Ping Bullock, thank you for accepting \_\_\_\_\_ into the NWAHS Antenatal Service.

**Please note I wish this to be shared care and expect contact from the patient's midwife: Yes  No**

**The patient has indicated she would like to birth at:**

**BURNIE  MERSEY  OTHER  : \_\_\_\_\_**

**Clinical Details:**

**LMP:** \_\_\_\_\_ **EDD:** \_\_\_\_\_ **Gravida:** \_\_\_\_\_ **Parity:** \_\_\_\_\_

**Significant History  
Progress Notes**

\_\_\_\_\_



Patient label here

**Past Medical History  
Current Medication**

**Family History**

**Social History**

**Pap History**

**Warnings**



Patient label here

Allergies	Smoking	Alcohol

**Investigations Ordered:**

Blood Group:	Yes / No
Blood Group antibodies:	Yes / No
FBE:	Yes / No
Ferritin:	Yes / No
Rubella:	Yes / No
Syphilis:	Yes / No
Varicella (optional):	Yes / No
MSU:	Yes / No
Hep B:	Yes / No
Hep C:	Yes / No
HIV:	Yes / No
Chlamydia:	Yes / No
Dating ultrasound (optional):	Yes / No
Vitamin D (optional):	Yes / No

**Other:**

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The patient and I understand we will be notified when this referral has been categorised and placed on the waiting list and also when being discharged from the service.

I understand if this referral contains insufficient information it will be returned to me for clarification.

Yours sincerely

Name: \_\_\_\_\_

Practice: \_\_\_\_\_