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| A picture containing table  Description automatically generated | Women’s Health CircleDr Cecelia O’BrienOxford Medical SuitesLevel 1, Suite 418 Oxford Street Hyde Park Qld 4812Email: admin@womenshealthcircle.com.auPhone: 07 44261870 Fax: 07 44261873 |

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| **PATIENT DETAILS**  |
| **Name** |  | **Date of Birth**  |  |
| **Address** |  | **Mobile Phone** |  |
| **History**  |   | **LMP****EDC****EDC based on** | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_LMP or Dating scan \_\_\_ wksor Embryo transfer   |

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| **REFERRER DETAILS**  |
| **Name**  |  | **Signature**  |  |
| **Copy to** |  | **Date** |  |

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| **SERVICES (Please tick)** |
| ***Obstetric***  | ***Gynaecology***  |
|  | Dating/viability scan with pregnancy planning for GP  |  | Pre-pregnancy counselling  |
|  | Cell free DNA plus structural scan (10 – 16 wks) *Includes viability scan on the day, pre and post-test counselling, collection of sample* |  | Carrier screening including pre and post-test counselling and collection |
|  | Combined first trimester screening (11+0 - 13+6 wks)*(Please ensure PAPPA/BHCG are done at 11 weeks)* |  | Pelvic ultrasound including TVUSS and 3D reconstruction  |
|  | Additional Pre-eclampsia screening (12 – 14 wks)  |  | Mirena insertion or removal  |
|  | Tertiary morphology scan (2nd opinion, 18 – 22 wks) |  | HysteroContrastSalpingography (HyCoSy) |
|  | Cervical screening from 16 weeks onwards  |  | Sonohysterogram  |
|  | Multiple pregnancy growth and wellbeing  |  | Ovarian follicle tracking  |
|  | Fetal growth and wellbeing (> 22 wks) |  | Deep infiltrating endometriosis ultrasound  |
|  | Amniotic fluid and Doppler studies  |  | Implanon removals under USS guidance  |

*\* Could you please also send a Specialist referral letter with any relevant clinical history, blood or imaging results*

*for my Consultation along with our imaging referral form.*