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| A picture containing table  Description automatically generated | Women’s Health Circle  Dr Cecelia O’Brien  Oxford Medical Suites  Level 1, Suite 4  18 Oxford Street Hyde Park Qld 4812  Email: [admin@womenshealthcircle.com.au](mailto:admin@womenshealthcircle.com.au)  Phone: 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 \_\_\_ wks  or 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.*