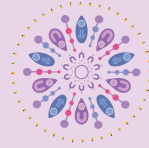


Referral Form



Women's Health Circle

Complete patient details below.

Patient Details

Name

Date of Birth

Mobile Phone

Address

Medicare Number

Private Health Number

History

LMP

EDD

Referrer Details

Referrer Name

Preference for report delivery

Images/report via secure email

Referrer Address

Report via fax to this number

Provider Number

Mail to this practice address

Signature

Date

Services (please tick)

Routine Pregnancy Ultrasound

- Dating/viability scan
- Cell free fetal DNA testing (Panorama or Percept) with complimentary viability scan at the time of blood collection
- Early structural scan (12 - 16 wks)
- Combined first trimester screening (11+0 - 13+6 wks) including pre-eclampsia screening
- Routine morphology scan (19 - 22 wks) including transvaginal cervical screening
- Cervical screening from 16 weeks onwards
- Fetal growth and wellbeing (> 22 wks)
- Amniotic fluid and Doppler studies

Consultation Services

- Pre-pregnancy counselling
- Maternal Medicine counselling
- TERTIARY 1st trimester (2nd opinion)**
(for high risk screening results, increased nuchal translucency, etc)
Including Fetal Medicine counselling
- TERTIARY 2nd or 3rd trimester (2nd opinion)**
Soft markers, fetal anomalies, fetal growth, cervix or placental issues etc) including Fetal Medicine counselling
- Invasive testing (Amniocentesis or CVS)
Please send blood group with referral
- Other fetal procedure

Gynaecology Ultrasound

- Pelvic ultrasound including TVUSS including 3D reconstruction of the uterine cavity
- Fertility assessment
- Ovarian follicle tracking
- Deep endometriosis ultrasound (30 minutes)
- Fibroid mapping (3D reconstruction of the uterine cavity and relationship of fibroids with myometrium and endometrial cavity)
- Mirena insertion or removal under ultrasound guidance, including pelvic US
- Sonohysterogram
- HysteroContrastSalpingography (HyCoSy)
- Implanon insertion and removals

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