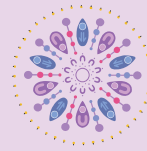


# Referral Form



Women's Health Circle

Complete patient details below.

## Patient Details

Name

Date of Birth

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 blood collection plus complimentary scan
- Early structural scan (12 - 16 wks) includes preeclampsia screening
- Combined first trimester screening (11+0 - 13+6 wks) includes preeclampsia 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

### Specialist Consultation

- Pre-pregnancy counselling
- Maternal Medicine counselling
- TERTIARY 1st trimester (2nd opinion) includes consultation
- TERTIARY 2nd or 3rd trimester (2nd opinion) includes consultation
- Invasive testing (Amniocentesis or CVS) - please send blood group with referral
- Other fetal procedure

### Gynaecology Ultrasound

- Comprehensive pelvic ultrasound including TVUSS
- 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 ultrasound
- Sonohysterogram
- HysteroContrastSalpingography (HyCoSy)
- Implanon insertion and removals

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