**BAC Clinic Referral**

**BAC**

**CLINIC**

**REFERRAL**

**c210043**

|  |  |
| --- | --- |
| **Referral date** |  |
| **Referrer** | Name:  | Designation:  |
| Phone: ( ) | Mobile:  | Fax:  |
| **Maternity Booking form** | [ ]  Attached [ ]  Previously sent |  |
| **MATERNITY STATUS** |
| Gravida:  | Parity: | LMP:  | Gestation age at referral: weeks |
| EDD by LMP:  | EDD by scan: |
| Height:  | Weight:  | BMI:  |
| Ethnicity: | [ ]  NZ European [ ]  Māori [ ]  Samoan [ ]  Cook Island Māori [ ]  Tongan [ ]  Niuean[ ]  Chinese [ ]  Indian [ ]  Other such as Dutch, Japanese, Tokelauan *please state:*   |
| **PREVIOUS OBSTETRIC HISTORY** |
| **Date** | **Place** | **Gest.** | **Spont./Induced** | **Labourduration** | **Type ofbirth** | **Birthweight** | **A/SB** | **Gender** | **Comments** |
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| **FURTHER INFORMATION / COMMENTS / CLINICAL CONCERNS** |
|          |

**FAX FORM TO: external (03) 364 4301 internal 85301**

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[ ]  Maternity Booking form details entered into Caresys