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| REFERRER: | DATE: ………/..……./……… |

*Please provide all the information requested to allow us to process your referral as speedily as possible*

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| **PATIENT DETAILS** | | | | | | | |
| NHI: | | DOB: ………./………./………. | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Home ph: ( ) | | Mobile: | | | | | |
| **Ethnicity:**  NZ European  NZ Maori  Asian  Pacific peoples | | | | Middle Eastern/Latin American/ /Africa | | | |
| Other: | | | |
| Interpreter required:  Yes Language: | | | | | | | |
| **PARTNER** Name: | | | | | | | |
| **BOOKING FORM** Date sent: ………/………/……… enclosed  to follow | | | | | | | |
| **LMC** Name: | | | Contact ph: | | | | Fax: |
| **CONSULTANT** Name: | | | | | Contact ph: | | |
| **GP** Name: | | | | | Contact ph: | | |
| **DETAILS OF THIS PREGNANCY** | | | | | | | |
| LMP: | | | G: | | | | P: |
| USS CONFIRMED EDD: …..…./…..…./…..…. | WEIGHT: (kg) | | | | | HEIGHT: (m) | |
| First antenatal screen completed  Out of Canterbury DHB please send all blood results | | | | | | | |
| **NUCHAL TRANSLUCENCY and MSS**  NT Scan completed on: ………./………./…….... Where performed:  Screening requested: MSS1 MSS2  Declined  NIPS  Yes  No Date: ……../……../…….. Results *Please attach a copy to referral*  NIPS undertaken following referral. Inform FMU directly, this may influence appointment date | | | | | | | |
| **ULTRASOUND SCAN:** If out of Canterbury DHB please send all ultrasound reports / make images available to review  Date of latest scan: ………./………./………. at | | | | | | | |
| **RESULT / REASON FOR REFERRAL** | | | | | | | |
| This referral has been discussed with a Clinician at Christchurch Women’s Hospital please record name of  MW / Dr | | | | | | | |
| This referral has been discussed with patient  **Consent given** | | | | | | | |
| **FMU APPOINTMENT**  Date: ………./………./………. Time: …………… LMC/patient advised by letter sent….…/………/………  text on………/………/………  phoneon………/………/……… | | | | | | | |

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| **FETAL MEDICINE UNIT**  Ground Floor, Christchurch Women's Hospital Telephone: (03) 364 4557 or internal 85557  Private Bag 4711, Christchurch Fax: (03) 364 4411 or internal 85411 |
| ***O&G Consultants: Dr Rosemary Reid, Dr Su Chandru, Dr Jerome Mayers, Dr Shelly Mather***  ***Midwives: Mary Campbell, Fiona de Ryke, Margaret Hewett-Hawker, Angela Lemmens*** |

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