Health
Nepean Blue Mountains
Local Health District

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

GP Antenatal Referral Letter

Dear Dr Dr Mongelli / Dr Al Mashet, thank you for seeing the following patient for antenatal care:

PATIENT NAME: DOB:

MEDICARE NO.: ADDRESS:

INTERPRETER: ☐ Yes ☐ No **LANGUAGE SPOKEN AT HOME:**

CURRENT PREGNANCY:

L.M.P:

E.D.C.

GRAVIDA

PRIMA

Current Pregnancy Concerns

Significant Previous Obstetric History

Previous/Relevant Gynaecological History

Last Pap Smear

MEDICAL HISTORY:

Hypertension	☐	
Diabetes	☐	
Depression/Anxiety	☐	
Cardiac	☐	
Epilepsy	☐	
Other relevant medical history	☐	
Smoking - current	☐	
Alcohol - current	☐	

Allergies

Medications

EXAMINATION:

BP __ / __

Weight Height

Other Findings

REFERRING DOCTOR DETAILS:

Name:

Practice:

Fax:

Provider no: Phone

Signature: **Date:**

ANTENATAL INVESTIGATIONS:

		COMMENTS
Blood group and antibody screen	☐	
Full blood count	☐	
-/+ HB EGP if needed	☐	
Rubella IgG	☐	
HIV / Hep B&C/HIV	☐	
VDRL/RPR	☐	
NSU for M/C/S	☐	
Random BSL	☐	
Has NT or dating ultrasound been attended/booked?		Comments:

I am registered with the Nepean-Blue Mountains Antenatal Shared Care Program	YES	☐
	NO	☐
This patient is to return to me for GP Antenatal Shared Care	YES	☐
	NO	☐

PLEASE FAX COMPLETED FORM TO:
NEPEAN HOSPITAL: 4734 3213
BLUE MOUNTAINS: 4784 6977

GIVE PATIENT HARD COPY TO BRING TO CLINIC.

Last revision date: 22/10/2014