Peninsula Health
Women's Services

REFERRAL
WOMEN'S SERVICES
ANTENATAL CLINIC

Peninsula Health Use Only ↓

UR NUMBER .....

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....
Please fill in if no Patient Label available

App.17/4/2024 Print Code:14919

PHF055505k

Referral to: *Dr. Nisha Khot*
Women's Services Antenatal Clinic
Outpatient Area 1 Building D
Frankston Hospital
Frankston VIC 3199
Fax: 9125 9846
Antenatal Clinic PH: **9784 2626** - For Clinical Concerns or Urgent Referral
Appointment Enquiries **PH: 9784 2600**
E-referral via Mastercare is preferred.

Referring Doctor (Stamp):

Provider No: .....

Title: ..... Given Names: ..... Surname: .....

Previous Surname (if applicable): ..... Medicare Card No: .....

Patient Address: .....

Date of Birth: ...../...../..... Preferred Contact Number: .....

Language Spoken: ..... Interpreter Required: ☐ Yes ☐ No

Indigenous Status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Country of Birth: ..... Ethnicity: .....

Next-of-Kin Name: ..... Relationship to Patient: ..... Contact Number: .....

Mandatory Referral Information:

EDD: ...../...../..... **Based on** ☐ **LNMP:** ...../...../..... ☐ **US Dating Scan**

Ht: .....m **Wt:** .....kg **BMI:** .....kg/m2 **BP:** ...../.....mmHg

Blood Test: ..... Attached ☐ Pathology Service .....

Ultrasound: ..... Attached ☐ Radiology Service .....

First Trimester Screening:.. Attached ☐ Pending ☐ Laboratory Service .....

Relevant Current and Past History *(Please attach additional referral letter if appropriate)*

Obstetric history: **Grav** ..... **Para** ..... **Risk Factors** .....

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Past medical history: .....

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Medications: .....

Allergies: .....

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Referrer's Name Signature Designation

REFERRAL WOMEN'S SERVICES ANTENATAL CLINIC

MR/055505

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