



South Eastern Sydney
Local Health District

FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

Facility: Royal Hospital for Women

ADDRESS

**MATERNAL FETAL MEDICINE
REFERRAL**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Maternal Fetal Medicine

Maternal Fetal Medicine
Ground Floor
Royal Hospital for Women
Barker Street
Randwick NSW 2031
Phone: (02) 9382 6098
Fax: (02) 9382 6038

MFM referral phone

0437 537 448

Monday – Friday 09:00 – 16:00

**This number is for medical referral only,
this is not a general enquires number.**

Dr A Shand

FRANZCOG DDU CMFM

Dr D Challis

FRANZCOG DDU CMFM

Prof A Welsh

MSc PhD FRANZCOG FRANZCOG CMFM DDU

Dr L Bowyer

MD FRANZCOG FRANZCOG CMFM

REFERRER DETAILS

Referred By: _____ Contact Number: _____ Date of Referral: ____/____/____

Address: _____

Provider Number: _____ Signature: _____

PATIENT DETAILS

Surname: _____ First Name: _____

DOB: ____/____/____ MRN: _____

Contact Number: _____ Email: _____

Address: _____ Suburb: _____

REASON FOR REFERRAL

LMP: _____ EDB: _____

Relevant clinical history/ Indication for referral: _____

Prenatal Screening and Diagnosis

Genetic Counselling First Trimester Screening (NT & Serum) CVS Amniocentesis Other

Tertiary Referral MFM Services

Maternal Fetal Medicine Assessment and Consultation Ongoing Care and Management of High-Risk Pregnancy
 Co-ordination of Care with Sydney Children's Hospital Other

MAKING A REFERRAL

Call 0437 537 448, discuss referral with MFM Clinician

Fax referral along with **all previous scans, pathology & blood group** to 02 93826038

MFM Clinician will contact the woman directly to arrange appointment



SES010419

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

S1201 240822

MATERNAL FETAL MEDICINE REFERRAL

SES010.419