



|  |      |   |
|--|------|---|
| FAMILY NAME                                      |      | MRN   |
| GIVEN NAME                                       |      | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| D.O.B. ____/____/____                            | M.O. |   |
| ADDRESS  |      |   |
| LOCATION / WARD                                  |      |   |
| COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE |      |   |

Facility: Royal Hospital for Women

# MATERNAL FETAL MEDICINE REFERRAL

## Maternal Fetal Medicine

Maternal Fetal Medicine  
Ground Floor  
Royal Hospital for Women  
Barker Street  
Randwick NSW 2031

**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

xxxxxx 210722

MATERNAL FETAL MEDICINE REFERRAL

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