



MANDURAH OBSTETRICS

& Women's Health Services

Southern Specialist Centre
Unit 4/5 Murdoch Drive
Greenfields WA 6210

Tel: (08) 9535 4100

Fax: (08) 9535 4155

We refer patients/clients back to their own trusted GPs after Delivery and other services, providing relevant details of delivery, management and investigations.

These services support all GPs and are not aligned with any particular General Practice.

Patient name: _____

Contact details: _____

Reason for referral - Short History: _____

Last Pap smear result: _____

Date: ____/____/____

**Please also provide
(if available):**

1. All recent blood tests
2. Ultrasound reports
3. Any relevant documents

LMP (if Known): _____

EDD(if relevant): _____

Suggestions: _____

Please tick the required service		
<input type="checkbox"/> OBSTETRICS		
<input type="checkbox"/> SHARED antenatal care and Delivery (GP's pref plan: _____)		
<input type="checkbox"/> FULL antenatal care and Delivery	<input type="checkbox"/> CTG Fetal Monitoring	
<input type="checkbox"/> Caesarean section	<input type="checkbox"/> Early Pregnancy Dating	<input type="checkbox"/> Lactation/PN Care
<input type="checkbox"/> ANAESTHETIC and/or Epidural Consult		
<input type="checkbox"/> GYNAECOLOGY		
<input type="checkbox"/> D&C Miscarriages	<input type="checkbox"/> Laparoscopic Investigations	
<input type="checkbox"/> Colposcopies/Cervical biopsy	<input type="checkbox"/> Hysteroscopies	
<input type="checkbox"/> LLETZ	<input type="checkbox"/> Fertility Issues	
<input type="checkbox"/> Tubal Ligation	<input type="checkbox"/> Vasectomy	

(Official stamp and provider no.)

Signature: _____

Date: ____/____/____

Dr Yet Chee LOW, Dr Alex THNG;
external supporting specialists: Dr B PATTON



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