



A/Prof John Smoleniec MD FRCOG FMS FRANZCOG DDU CMFM
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Feto-Maternal Unit, 1st Floor East, Caroline Chisholm Centre
Liverpool Hospital, Elizabeth Street, Liverpool -2170
Ph: 87385631 Fax: 87385570 (Entry via main entrance)



Patient ID

Blood Group

LMP...../...../..... Sure/Unsure

EDC: Date/Scan

Interpreter Y/N Language spoken

Indication for Referral

Advise patient to bring all previous ultrasound films and reports to each visit

☐ Singleton ☐ Multiple Pregnancy

- ☐ **EPAS (Early Pregnancy Assessment Service)** including Transvaginal Ultrasound
- ☐ **1st Trimester Ultrasound**
- ☐ **1st Trimester screening using Nuchal Translucency & Biochemical testing** (>11 & <14 wks only). Give pt. pathology form for PAPP-A & free BHCG. Include pt's current wt, accurate gestation & note for lab to fax results to Liverpool Hospital 87385570. Blood to be collected within the week prior to the u/s at any hospital in SSWAHS.
- ☐ **1st Trimester Multiple Pregnancy Chorionicity Assessment**
- ☐ **Fetal Anomaly Ultrasound (18 weeks)** ☐ **Follow up anomaly U/S to review**
- ☐ **Growth Ultrasound**
- ☐ **Biophysical Profile**>24/40, includes: Biophysical Profile (no CTG), umbilical Artery Doppler, Amniotic Fluid Index
- ☐ **Uterine Artery Doppler** (from 22-26 weeks)
- ☐ **Placental localization** ☐ including Transvaginal Ultrasound
- ☐ **Maternal Antibody Review/Ultrasound**
(at first review attach recent maternal antibody screen & paternal phenotype)
- ☐ **Transvaginal Cervical Assessment**
- ☐ **Chorionic Villus Sampling** (between 11&12 weeks)
- ☐ **Amniocentesis** (15+ to 19 weeks) > 20weeks with prior consultation only
- ☐ **Gynaecological Ultrasound** ☐ including transvaginal ultrasound ☐ including saline infusion of the endometrial cavity

Dr's/ VMO's Printed Name:

Provider No:.....

Dr's/ VMO's Signature:

Date:

Phone No:

Fax No:

Member/Fellow RANZCOG Y N

Diploma of Obstetrics Y N

PATIENT INFORMATION

Patient to drink 2-3 glasses of fluid one hour prior to appointment for all ultrasounds except for Growth Ultrasound and Biophysical Profile. Bring your **Medicare Card OR full payment** will be required. Please bring films and reports from all previous ultrasound

**CHILDREN ARE UNABLE TO ATTEND APPOINTMENTS AT THIS DEPARTMENT.
IF UNABLE TO FIND CARE FOR YOUR CHILDREN, PLEASE ARRANGE SOMEONE TO MIND YOUR CHILDREN OUTSIDE THE UNIT WHILE YOU ARE HAVING AN ULTRASOUND. PAY CAR PARKING AVAILABLE AT MAIN ENTRANCE AND MULTISTORIED BUILDING AT THE REAR ENTRANCE OF THE HOSPITAL**

As the Feto Maternal Unit cares for mothers with High Risk Pregnancies, unavoidable delays frequently occur in appointment times



Feto-Maternal Unit

From the Hospital Main Entrance, turn right at the Coffee shop and walk along the corridor. Half way through the corridor, turn left to take lift **12 or 13** to level 1 (turn right as you come out of the lift) and follow the sign to Feto Maternal Unit. Please advise Administrative Staff that you are here for your appointment and have your Medicare Card ready.