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PATIENT REFERRAL Fax 1300 460 222

Dr Colin Walsh
MB BCh BAO DCH MRCPI MRCOG
FRANZCOG CCT-MFM (UK) PhD

Consultant Obstetrician
Maternal-Fetal Medicine and Ultrasound Specialist

Patient: _____
DOB: _____
Address: _____
_____ Mobile: _____

Referrer: _____
Address: _____
_____ Prov no: _____ Fax: _____
Signed: _____ Date: _____

CLINICAL DETAILS
Indication: _____
EDD: _____ Singleton / multiple (circle)
Clinical history:

REPORT
Preferred report method:
Fax
Healthlink
With patient

CONSULTATION

- Antenatal care + dating scan
- Pre-pregnancy counselling

PRENATAL SCREENING & DIAGNOSIS

- NIPT + dating scan (10-12 weeks)
Due to the critical timing, NIPT collected in our rooms includes ultrasound dating of pregnancy unless otherwise specified
- Nuchal translucency (11-14 weeks)
- Amniocentesis/CVS
Please attach patient's blood group

ULTRASOUND

- Dating and viability
- Early fetal anatomy (14-16 weeks)
The indication for this scan is assumed to be risk of fetal abnormality [MBS 55704(xxx)] unless otherwise specified above
- Fetal morphology (18-20 weeks)
- 3rd trimester fetal growth and Dopplers
The indication for this scan is assumed to be clinical suspicion of IUGR [MBS 55718(xii)] unless otherwise specified above
- Fetal Dopplers / AFI
- Fetal Echocardiogram
- Cervical length
- 2nd opinion scan and Fetal Medicine consult