

MRN:	Date:
Surname:	Given Names:

Clinical Genetic Service
Dr Rani Sachdev & Dr Mary-Louise Freckmann
Dominic Ross
Level 1, Prichard Wing
St George Hospital
Telephone: 9113 3635
Fax: 9113 3694

Address:	
Phone:	(H) (W)
	(M)
DOB:	Ward/Hospital:

Relevant History

Parity **G** **P** **M** **T**

LMP / /

Cycle length _____ days

Ultrasound this pregnancy Y / N

Date of ultrasound / /

Gestation at ultrasound

_____ weeks _____ days

Blood group:

Allergies:

Medications:

Medicare: exp: / /

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Interpreter required Y / N

Language:

Reason for Referral

Late Maternal Age (≥35 yrs at delivery)

Family history of

Previous baby with congenital abnormality

Abnormal Ultrasound (bring ultrasound report)

Consanguinity (partner should also attend)

Possible Teratogen exposure (notify us of details)

Other (eg. recurrent miscarriage ≥3)

Provider No:

Print name:

Address:

Phone:

Fax:

Signature:

Date:

Comment:

Copy of report to:

Clinical Genetic Service

Level 1, Prichard Wing
St George Hospital

Enter the hospital via Short Street at Gate 9. Look for the building with the red awning. This is the Prichard Wing.

Telephone: 9113 3635

Fax: 9113 3694

Patient Information

- Bring your Antenatal card
- Bring any ultrasound scan reports concerning this pregnancy
- Bring any relevant blood test results if you have them.

Appointment

Date:

Time:

Map of St George Hospital

