

RPAH Women and Babies HBV REFERRAL FORM



A/Prof Simone Strasser
Senior Staff Specialist
AW Morrow Gastro & Liver Centre
RPAH

PATIENT LABEL

Enquiries to:

Catherine Stevens, Hepatitis CNC, Tel: 9515 3627 / Mob: 0423 293 470 (Mon-Wed)

Catherine.stevens@health.nsw.gov.au

Julia Dobinson, Hepatology CNS, Tel: 9515 3626 / Mob: 0448 140 440 (Mon-Wed)

Julia.dobinson@health.nsw.gov.au

**Complete and fax to AW Morrow Gastro & Liver Centre
Fax: 9515 5182**

Referral Date: _____

Dear Dr Strasser,

Thank you for seeing the above patient who has tested positive for HBsAg

She is currently _____ weeks gestation

EDD: _____

Preferred contact number: _____

Interpreter required: No / Yes. Language _____

Blood results prior to referral

Please send with referral or make a note if ordered

- HBsAg, HBeAg, Anti-HBe
- HBV DNA
- LFTs
- FBC
- INR

Yours Sincerely,

Dr Bradley DeVries
Provider No: 2117858J
Antenatal Clinic RPAH

Person completing form	GP Details
Name: _____	Name: _____
Signed: _____	Address: _____
Contact: _____	Contact: _____