

Canterbury Hospital Endocrine/Maternity Clinic Referral Form

ANC Phone: 9787 0183
ANC Fax: 9787 0431

Surname: Given Name:
 DOB: / / ..
 Address:
 P/C
 Best contact Phone No: Mobile:

Date of referral:

Is an interpreter required? No Yes, which language:
 Is the patient ineligible for Medicare? No Yes Is the patient booked at Canterbury Hospital? No Yes

Clinical Information: Gravida Para..... EDD...../...../.....Height:.....Weight.....

Reason for referral: (tick all that apply)

<input type="checkbox"/> Type I Diabetes Mellitus (RPA ONLY – ph 9515 5888)	<input type="checkbox"/> Hypothyroidism
<input type="checkbox"/> Type 2 Diabetes Mellitus	<input type="checkbox"/> Hyperthyroidism
<input type="checkbox"/> Gestational Diabetes Mellitus (GDM)	<input type="checkbox"/> Graves Disease
<input type="checkbox"/> Impaired Fasting Glucose /Impaired Glucose Tolerance (IFG/IGT)	<input type="checkbox"/> Thyroid nodule
	<input type="checkbox"/> Other endocrine disorder

Investigations: Date of results:

Results sent with referral: Yes No, specify reasons:

NB: **75gms GTT** results must include:

- 0hr (fasting)
- 1 hr
- 2 hrs
- +/- HbA1C (this will be attended at the GDM Group Education session)

NB: Ensure **Thyroid Function Test results are current i.e < 3 weeks** and must include :

- TSH
- fT4
- fT3
- TPOAb
- TgAb
- TSH receptor Ab
- 25-OH-D3

Current medications: No Yes (please list)

Other investigations performed : Ultrasound Other

Any other relevant clinical information (eg. medical or pregnancy history)

Referrer Details:

Referring Doctor (please print)

Signature

Phone:

Provider Number



Canterbury Hospital Referrals:
Please fax completed referral form and any relevant investigation reports to: (FAX) 9787 0431

Office use only

Date received: Triaged by:

Clinic appointment booked : GDM Gp Education Date...../...../..... Time: 08.30 am (unbooked) or 8:50am (booked)

GDM Clinic Date...../...../..... Time band: 09.00 . 11.30am or 1pm . 3pm

Thyroid Clinic Date...../...../..... Time: Interpreter booked: Yes..... N/A

Midwifery Booking Appt Date...../...../..... Time: Data entered on eMR

Patient notified by: Phone Mail Notified and processed by:

Comments: