

Antenatal Referral form – Wollongong Hospital

Instructions for women re Booking into Hospital:

- 1) Present to ADMISSIONS (Wollongong or Shellharbour)
- 2) Make your clinic appointments: either **ph 42534256**
Or proceed to AN Clinic *Wollongong* (Level 2), or
Shellharbour (Midwifery & Family Health Centre)

Dr Davis / Coleman
Specialist Obstetricians
Wollongong Hospital
Crown St
Wollongong 2500

Date: _____

Dear Dr Davis/ Coleman,
Thankyou for assessing _____ DOB _____

She is currently Gravida ____ Para _____

Her preferred model of care is (please tick):

- | | |
|--|---|
| <input type="checkbox"/> GP Antenatal Shared Care | <input type="checkbox"/> Midwives Clinics |
| <input type="checkbox"/> Doctors Clinic, Wollongong Hospital | <input type="checkbox"/> Midwifery Group Practice |
| <input type="checkbox"/> High Risk / Special Needs | |

Please refer to her PNC2 (*yellow*) card for further details regarding her care.

A copy of all Antenatal Tests have been (please tick):

- Copied to the Clinic when tests were requested
- Faxed to the clinic (fax.4253 4258)
- Given to the client to bring with referral (when booking)

Comments: _____

Yours sincerely,