Moreton Bay Obstetrics & Gynaecology PTY LTD
ABN 117 195 749

OBSTETRIC REFERRAL

Referral to:

This referral is to: **Dr Micheal Mastry** & **Dr Gillian van Iddekinge**

Phone: **3163 7362**
Fax: **3163 7364**
Email: **Reception@mbog.com.au**

Post: **Mater Specialist Suites**
Suite 11-12
Weippin Street
Cleveland Qld 4163

Patient Details:

Name:		DOB:	
Address:		Suburb:	
Phone: H)	M)	W)	
Medicare Number: ☐☐☐☐☐☐☐☐☐☐		Medicare ref: ☐	Expiry date:
Pension number: ☐☐☐☐☐☐☐☐☐☐			
Private Health Insurance: Yes / No	Fund:	Member No: ☐☐☐☐☐☐☐☐☐☐	
Next of kin/ Carer's name:		Relationship:	
Name:		DOB:	
Address:		Suburb:	
Phone: H)	M)	W)	

Clinical Information:

Reason for Referral:

LNMP: Gravida: Parity: EDC:

Antenatal screen Investigations (please attach to referral or company used):

- ☐ FBC
- ☐ Heb B
- ☐ Heb C
- ☐ HIV
- ☐ Syphilis
- ☐ Rubella
- ☐ Blood group
- ☐ Antibodies
- ☐ Dating ultrasound scan
- ☐ NT scan
- ☐ Pap smear < 2 years

Relevant Medical/ Surgical history

Current Medications (attach list if necessary):

Other Issues:

Alerts/ Allergies:

Referring Medical Officer Details:

Name:		
Signature:		Date:
Practice Name:		Provider no:
Address:		Suburb:
Phone:	Fax:	Email: