

Fetal Medicine & Obstetrics Referral form for scan and screening package

PATIENT DETAILS

TITLE:	FORENAME(S):	SURNAME:
MRN:	DATE OF BIRTH:	
RESIDENTIAL ADDRESS:		POSTCODE:
TELEPHONE:	MOBILE:	
EMAIL:		

REFERRAL DETAIL

Obstetrician name:	OB email address:
OB tel. number:	Referred by:
Date of referral:	Gestation (at time of referral):
LMP or EDD:	Number of fetuses:
Clinical details:	

First trimester assessments:

- | | |
|---|--|
| <input type="checkbox"/> OPTION A
ROUTINE DATING SCAN at 9⁺⁰ - 11⁺¹ weeks
Includes counselling options for aneuploidy screening and remote follow-up consultation for results
+
FIRST TRIMESTER FOLLOW-UP at 12⁺⁰ - 13⁺⁶ weeks
Includes NT, mini-anomaly scan, PET screening (uterine artery doppler, blood pressure) and remote follow-up consultation for results | <input type="checkbox"/> OPTION B
ROUTINE FIRST TRIMESTER ASSESSMENT at 12⁺⁰ - 13⁺⁶ weeks *
Includes NT, mini-anomaly scan, counselling for aneuploidy screening, PET screening (uterine artery doppler, blood pressure), and remote follow-up consultation for results

<i>*may be performed at 11⁺² - 11⁺⁶ wks but <u>limited</u> examination of fetal anatomy</i> |
|---|--|

SECOND AND THIRD TRIMESTER ASSESSMENTS:

- | | | |
|--|---|---|
| <input type="checkbox"/> ROUTINE SECOND TRIMESTER SCAN at 19⁺⁰ - 23⁺⁶ weeks
Includes routine fetal anomaly scan, TV cervical length and uterine artery doppler | <input type="checkbox"/> ROUTINE FETAL GROWTH AND WELLBEING at 24⁺⁰ - 40⁺⁰ weeks
Includes fetal growth, amniotic fluid and dopplers | <input type="checkbox"/> FETAL MEDICINE OPINION at 14⁺⁰ - 40⁺⁰ weeks
Includes consultation, fetal growth, dopplers and anatomy as indicated |
|--|---|---|

PRETERM BIRTH SCREENING (TV cervical length)

- NEW PATIENT**
10⁺⁰ - 23⁺⁶ weeks (includes counselling for management options)

ADDITIONAL OPTIONS (incur separate additional charge)

- | | |
|---|---|
| <input type="checkbox"/> Harmony Test > 10 ⁺⁰ wks | <input type="checkbox"/> Amniocentesis > 16 ⁺⁰ wks |
| <input type="checkbox"/> Panorama Test > 9 ⁺⁰ wks | <input type="checkbox"/> Cervical length scan (follow up) > 12 ⁺⁰ wks |
| <input type="checkbox"/> Maternal Serum Biochemistry at 11 ⁺¹ - 13 ⁺⁶ wks
(PappA/PIGF/BhCG) for PET/aneuploidy screening | <input type="checkbox"/> Fetal Dopplers & Wellbeing (follow up) > 16 ⁺⁰ wks |
| <input type="checkbox"/> Chorionic Villous Sampling >11 ⁺⁰ wks | <input type="checkbox"/> Follow up consultation only (in person/remote) (any gestation) |

Please attach the last clinic letter, any relevant test results and any additional documentation to this form and submit to us via one of the following:

E: bookings.womenshealth@onewelbeck.com
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