

## Foetal Medicine & Obstetrics

### Referral form for individual scans

#### Patient details

First name:  Surname:  DOB:   
 Email address:  Tel. number:   
 Address:  Postcode:

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

#### Individual scans

#### Additional options

*All incur separate additional charge*

<ul style="list-style-type: none"> <li>Routine dating &amp; counselling options for screening for chromosomal anomalies &gt;10<sup>+0</sup> wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>+ NPT screening <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Standard first trimester scan (nuchal translucency &amp; mini-anomaly scan) 11<sup>+0</sup> - 13<sup>+6</sup> wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>+ PET screening (uterine artery dopplers, mean arterial blood pressure &amp; Papp-A/PLGF) <input type="checkbox"/></li> <li>+/- (free bhCG &amp; Papp-A) doe calculation of risk for trisomies (if no prior NIPT) <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Standard second trimester foetal anatomy scan + TV cervical length assessment + uterine artery dopplers 19<sup>+0</sup> - 23<sup>+6</sup> wks (recommend 19+6 - 20+6) <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>PET screening (uterine artery dopplers/mean arterial blood pressure +/-PLGF/sFLT-1) <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Routine foetal growth and wellbeing scan (inc. dopplers) 24<sup>+0</sup> - 41<sup>+0</sup>wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>PET screening (uterine artery dopplers/mean arterial blood pressure +/-PLGF/sFLT-1) <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Foetal medicine Second opinion scan <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Invasive test (amniocentesis/CVS) <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Preterm birth cervical length screening <u>NEW</u> 10<sup>+0</sup> - 22<sup>+6</sup> wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Foetal fibronectin <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Preterm birth cervical length scan <u>FOLLOW-UP</u> 12<sup>+0</sup> - 30<sup>+6</sup> wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Foetal fibronectin <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Chronic villous sampling (CVS) (PCR &amp; CGH array) &gt;11<sup>+0</sup>wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Additional genetic analysis Extra details needed <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li>Amniocentesis (PCR &amp; CGH array) &gt;16<sup>+0</sup> wks <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Additional genetic analysis Extra details needed <input type="checkbox"/></li> </ul>

All completed forms should be emailed directly to [bookings.womenshealth@onewelbeck.com](mailto:bookings.womenshealth@onewelbeck.com)