

Fetal Medicine & Obstetrics

Referral form for scan and screening package

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: Number of fetuses:

Clinical details:

Singleton pregnancy

- LOW RISK PACKAGE**
(includes routine 1st and 2nd trimester assessments, and growth scan at 32 wks)
- HIGH RISK FETAL GROWTH PACKAGE**
(includes routine 1st and 2nd trimester assessments, and growth scans at 28, 32 and 36 wks)
- HIGH RISK PRETERM BIRTH PACKAGE**
(includes routine 1st and 2nd trimester assessments, and growth scan at 32 wks, and cervical length and counselling at 12-14 wks, 16, 18, 20, 22, 24, 26, 28, 30 wks)

Twin pregnancy

- DICHORIONIC DIAMNIOTIC (DCDA) LOW-RISK TWIN PACKAGE**
(includes routine 1st and 2nd trimester assessments, and growth scans at 28, 32 and 36 wks)
- DICHORIONIC DIAMNIOTIC (DCDA) LOW-RISK TWIN PACKAGE WITH ADDITIONAL CERVICAL LENGTH SURVEILLANCE**
(includes routine 1st and 2nd trimester assessments, and growth scans at 28, 32 and 36 wks and cervical length at 12, 16, 20, 24, 28 wks)
- MONOCHORIONIC DIAMNIOTIC (MCDA) TWIN PREGNANCY PACKAGE**
(includes routine 1st and 2nd trimester assessments, and growth scans at 16, 18, 22, 24, 26, 28, 30, 32 and 34 wks, and cervical length surveillance at 16, 20, 24, 28 wks)

Additional options

- | | |
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| <input type="checkbox"/> Harmony Test > 10 ⁺⁰ wks | <input type="checkbox"/> Cervical length scan (follow up) > 12 ⁺⁰ wks |
| <input type="checkbox"/> Panorama Test > 9 ⁺⁰ wks | <input type="checkbox"/> Routine Fetal Growth & Wellbeing at 24 ⁺⁰ - 40 ⁺⁰ wks |
| <input type="checkbox"/> Maternal Serum Biochemistry at 11 ⁺¹ - 13 ⁺⁶ wks
<i>(PappA/PIGF/BhCG) for PET/aneuploidy screening</i> | <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) |
| <input type="checkbox"/> Amniocentesis > 16 ⁺⁰ wks | |