

Referral Form – Maternal Fetal Medicine

Monday – Friday 9:00 – 1:00 pm

Saturday 10:30 am -01:00 pm



Fatima Memorial Hospital

Shadman, Lahore

For appointment: +92332-7335277

Appointment

Emergent (same day)

Urgent (1 week)

Routine (2 weeks)

Referring Consultant: _____ Unit / Hospital: _____

Date of Referral: _____

PATIENT DETAILS:

Name: _____ Age: _____ Mobile: _____

| Index Pregnancy | LMP: | EDD: | GA: |
|------------------------------------|-----------------------------------|-----------------------------------|-----|
| Gravidity /Parity | | | |
| Blood Group | | | |
| Previous obstetric history | | | |
| Most recent ultrasound scan report | <input type="checkbox"/> Attached | | |
| Nuchal Translucency Scan | <input type="checkbox"/> Done | <input type="checkbox"/> Not done | |

REASON FOR REFERRAL (Please X reason for referral below)

FETAL CONDITIONS:

- Fetal congenital malformation requiring surveillance/ intervention/multi-specialty input & birth at FMH
- Fetal cardiac arrhythmias /Anomalies
- Fetal hydrops - Immune & Non immune
- Second opinion ultrasound counselling (abnormal NT / Anomalies detected on 18-22 wks scan / abnormal fetal dopplers)
- Severe early IUGR requiring extended fetal Doppler / cardiac function / biophysical assessment.
- Rhesus and other blood group incompatibilities (titre 1:16 or previously affected fetus / neonate)
- Primary infection or seroconversion with toxoplasmosis, cytomegalovirus, parvovirus
- Previous 2 spontaneous pre-term births < 32 weeks gestation / Perinatal deaths (IUFD, NND)
- Previous 2 Twin Pregnancy including DCDA / MCDA Twin Pregnancy +/- Twin-Twin Transfusion Syndrome (TTTS) or discordant growth
- Triplet and Higher order multiple pregnancy
- Previous babies with genetic / chromosomal abnormalities / dysmorphic features / cardiac anomalies
- Family H/o genetic condition or single gene disorder
- Women already known to MFM unit who require coordinated early / tertiary pregnancy care including focused morphology scanning

MATERNAL MEDICAL CONDITIONS

- Antiphospholipid syndrome / SLE / Anti Ro and/or Anti-La antibodies
- Couple with Beta thalassemia trait / Sickle Cell Anemia or G6PD deficiency
- Cardiac disease (New York Heart Association Classification Grade III or IV)
- Renal failure with dialysis / CKD / Chronic liver disease / Hepatitis
- Maternal neurological disease
- Maternal rheumatological disease
- Maternal current malignancy or history of cancer prior to pregnancy
- Previous H/o thromboembolic events in prior pregnancies

PRE-PREGNANCY COUNSELLING

- Women with conditions listed as above
- Recurrent miscarriages
- Pre-conception women with previous fetal anomaly and possible recurrence

Date & Signature of Referring Doctor

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| <p style="text-align: center;">Followup appointment date</p> <p>With MFM _____</p> <p>With Primary Consultant _____</p> |
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