



**St George Hospital  
Women's Health Service**



**Health**  
South Eastern Sydney  
Local Health District

Obstetric Medicine Clinic  
Level 1  
Prichard Wing  
St George Hospital  
Ph: 91132622  
Fax: 95538192

Date:.....

**Obstetric Medicine Clinic Referral Letter**

Dear Dr Pettit

Re:

Affix Patient label

Thank you for seeing this woman in your obstetric medicine clinic for the following reasons (please circle):

1. Chronic hypertension or white-coat hypertension
2. Chronic kidney disease or other chronic medical disorder
3. Previous early onset pre-eclampsia delivered  $\leq$  32 weeks
4. Established pre-eclampsia in this pregnancy

She is G\_\_\_\_\_P\_\_\_\_\_, currently\_\_\_\_\_weeks pregnant with a singleton/twin pregnancy.

Her EDC is \_\_\_\_\_. She IS / IS NOT currently taking low dose aspirin.

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Signed by Doctor: \_\_\_\_\_ Doctors name/position \_\_\_\_\_

Doctor's Provider No. \_\_\_\_\_

**CONSULTANT CURRENTLY REQUESTING THIS REFERRAL**

Dr Trent Miller  
Staff Specialist

Dr S Kanitkar  
Staff Specialist

A/Prof Amanda Henry  
Clinical Academic

A/Prof Greg Davis  
Staff Specialist