

EPPAS REFERRAL
(Early Pregnancy and
Perinatal Assessment Service)

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH

Please fill in if no Patient Label available

App. 12/9/2023 Print Code: 17760

Referral to Dr Nisha Khot

Appointments: Please call the EPPAS clinic prior to referring on 9784 2632 or 0417 340 535
Mon – Fri 09:00 – 16:30

e-referral preferred or Fax referral to 9125 9846
Clinic: Outpatient's Area 1, Frankston Hospital, 3199

Referring Dr Stamp:

Name:
Provider Number:

Patient Name..... Date of Birth

Address..... Post Code.....

Ph. Number.....

Presenting Complaint:

Bleeding +/- Pain in Early Pregnancy \leq 16 weeks..... Yes / No

Suspected retained products of conception/endometritis..... Yes / No

Review of Perineal or Caesarean section wound if concerned after 10 days of delivery.....Yes / No
(Note: if <10 days post-delivery:- refer pt. to Women's Health Unit – 9784 7959)

Previous Pregnancies and outcomes (include delivery mode)

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Past Medical and Surgical History (including social issues/risks)

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BHCG's, include date and pathology provider.....

(If pregnancy of unknown location, or sub-optimal rise, HCG should be repeated in 48hours as URGENT)

Blood group and pathology provider

Ultrasound reports (if done) and medical imaging provider.....

Please send copies with patient of any scans/pathology reports

If rhesus negative has Anti-D been administered? Yes / No **Dosage given:**IU

Note: there is little evidence to support the use of anti-D in threatened miscarriage in the first trimester (Definite indication in miscarriage, termination or ectopic). If indicated, to be given within 72 hours.

Name.....Signature.....Date.....

Further Information

EPPAS referral guidelines- <https://www.peninsulahealth.org.au/health-professionals/womens-health-antenatal-care/antenatal-referrals-and-contact-information/>

Anti D pathway in the community- <https://www.peninsulahealth.org.au/health-professionals/womens-health-antenatal-care/anti-d-administration/>