AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Referral for Post Term Virtual Consultation

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

REFERRAL FOR POST TERM VIRTUAL CONSULTATION

LMC to complete

Email with secondary referral form to: centralreferrals@adhb.govt.nz

Woman's details	**LMC details**
Name: _____	Name: _____
NHI: _____	If ADHB team, colour: _____
DOB: _____	Phone: _____
Phone: _____	
Current Pregnancy: G P	☐ Booking Form is in 3M
Most reliable EDD:	☐ All ultrasound scan reports, including dating scan, attached or available in Concerto / Healthware
Gestation requested for IOL:	

Suitability for Post Term Virtual Consultation

NB: Risk assess all patients by 36 weeks, if not suitable, please refer early for advice re timing of birth; if not already referred by due date and unsuitable for PTVC, please speak to DU SMO

☐ Gestation ≥ 40+3 weeks	☐ If previous CS, has consulted with an Obstetrician, is suitable for IOL, and this is documented on Healthware risk sheet
☐ Age < 40 years ☐ Age 40 years or more	☐ Customised EFW 10th centile or greater
☐ BMI < 40 kg/m^2	☐ Normal fetal movements
Membrane sweeping ☐ Offered ☐ Performed	☐ No significant antenatal risk factor requiring separate antenatal consult
☐ Woman consents to virtual consultation	☐ ADHB information leaflet reviewed

- **If woman requests IOL at 41$^{+0/+1}$ there is no need for additional fetal surveillance**
- **If woman requests IOL > 41^{+1} then please include assessment of baby (e.g. liquor volume measurement +/- Biophysical Profile +/- CTG)**

Preferences (e.g. LMC or woman's preference for Induction of Labour date / time / method):

OBLIGE Study ☐ Eligible ☐ Informed (pamphlet / website) ☐ Considering

Triaged by: MW Name: Date:

Post Term Virtual Consultation outcome

☐ Suitable for post-term virtual consult: Elective IOL request form started, and referral forwarded to SMO for virtual consult next business day	☐ Not suitable for virtual consult Action:
☐ Not enough info – returned to LMC	☐ Healthware completed
LMC informed by: Date: _____ Time: _____	IOL form emailed to Inductions@adhb.govt.nz Date: _____ Time: _____ ☐ Sent to 3M

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SINGLE SIDED FORM – Reverse not scanned
DO NOT DOCUMENT CLINICAL NOTES ON BACK

CR2297