

Referral Form – Maternal Fetal Medicine

Mother and Fetuses Medical Center LLC
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Dr. Ali Al-Ibrahim
Dr. Fayez Nasrallah

This referral has been discussed with (nurse/doctor)

at MFMC

PATIENT DETAILS

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Mobile: _____

Support person: _____ Phone: _____

Interpreter required: No Yes Language: _____

REFERRING PRACTITIONER DETAILS

Referring Doctor: _____

Address: _____

Signature/Stamp _____

Date: _____

CLINICAL INFORMATION/REASON FOR REFERRAL (Page 1 of 2)

Please provide the following information be provided with this referral request.

Gravidity/Parity: _____	EDC: _____
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<input type="checkbox"/> Fetal Anomaly - Suspected or confirmed	<input type="checkbox"/> Current/Previous Pregnancy Complications
<input type="checkbox"/> Complex Multiple Pregnancy	<input type="checkbox"/> First Trimester Ultrasound/combined screening
<input type="checkbox"/> Severe Maternal Medical Conditions	<input type="checkbox"/> Pre/Post-Pregnancy Counselling
<input type="checkbox"/> Early Pregnancy Care Coordination	<input type="checkbox"/> Abnormal Maternal Serum Screening
<input type="checkbox"/> Copy of ALL Ultrasounds attached	<input type="checkbox"/> Copy of Antenatal bloods attached

Additional Clinical information or reason for referral inc. Previous Obs Hx and previous surgery Hx

CLINICAL INFORMATION/REASON FOR REFERRAL

Further Information (Please see reason for referral below)

FETAL ANOMALY

- Fetal congenital malformation requiring surveillance +/- intervention
- Fetal 'hospice' care
- Fetal cardiac arrhythmias
- Fetal hydrops
- Inherited fetal endocrine anomalies requiring trans placental therapy
- Fetal congenital malformations requiring multi-specialty input and birth at WCH
- Second Opinion Ultrasound/Counselling
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CURRENT/PREVIOUS PREGNANCY COMPLICATION

- Severe early IUGR requiring extended fetal Doppler / cardiac function / biophysical assessment Anti-Ro and/or Anti-La antibodies
- Rhesus and other blood group incompatibilities (titre \geq 1:16 or previously affected fetus/neonate)
- Platelet incompatibilities (previously affected fetus/neonate)
- Primary infection or seroconversion with toxoplasmosis, cytomegalovirus, parvovirus,
- Previous \geq 2 Perinatal deaths (IUFD, NND)
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COMPLEX MULTIPLE PREGNANCY

- Monochorionic / Monoamniotic Twin Pregnancy
- Monochorionic / Diamniotic (MC/DA) Twin Pregnancy with Twin-Twin Transfusion Syndrome (TTTS) or discordant growth/nuchal translucency Triplet and Higher order multiple pregnancy
- Delayed interval deliveries
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- Stillbirth
- IUFD
- Fetal anomaly

SEVERE MATERNAL MEDICAL CONDITIONS

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- Antiphospholipid syndrome +/- SLE
- Sickle Cell Anaemia
- Maternal Cardiac disease
- Maternal transplant
- Renal failure
- Maternal current malignancy
- Chronic infections

PRE/POST-PREGNANCY COUNSELLING

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- Pre-conception women with conditions listed above
- Pre-conception women with previous fetal anomaly and possible recurrence
- Postnatal Follow up

EARLY PREGNANCY CARE COORDINATION

Women already known to MFM unit who require coordinated early / tertiary pregnancy care including focused morphology scanning

ABNORMAL MATERNAL SERUM SCREENING

- Counselling
- NIPT (Non Invasive prenatal testing)
- CVS (Chorionic Villus Sampling)
- Amniocentesis