AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Post Term Virtual Consultation

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

POST TERM VIRTUAL CONSULTATION

L.M.C to complete and fax 6309781

Date faxed by LMC:	**Date received in Walk in Centre:**
Woman's home phone:	Woman's mobile:
Woman's address:	LMC Name: LMC Phone: LMC Fax:
Current Pregnancy	
Gestation	G P
☐ USS – included (within 2 days of referral) ☐ Customised growth chart ☐ Booking forms previously sent or available in 3M	**Most reliable EDD:** EDD by LMP: EDD by earliest scan:

Suitability for virtual consultation
NB – if not suitable due to antenatal risk factors, please refer for woman to be seen as soon as possible

☐ Healthy woman ≥ 41 weeks	☐ No previous CS
☐ Age less than 35 years	☐ Normal EFW
☐ Normal BMI (not in obesity range for ethnicity) BMI ≤ 35	☐ Normal fetal movements ☐ Normal blood pressure
☐ All USS reports attached	☐ No antepartum haemorrhage (≥ 20 weeks)
☐ Woman happy for virtual consultation	☐ Informed consent for IOL – using patient information leaflet

Comments (e.g. woman's preference for IOL timing):

Triaged by: MW Name: Walk-in-centre
Signature: Date:

Virtual consultation outcome

☐ Suitable for IOL at 41 $^{+5}$ ☐ Optimal IOL date not possible	Induction booking details: Date: Time:
☐ Not suitable for Virtual consult ☐ Needs urgent obstetric review ☐ Requires Obstetric Appointment in DAU	Fetal surveillance required ☐ CTG ☐ Liq vol Date: Time:
Comments:	☐ Healthware Completed

Virtual Consultation by: Name: Designation:
Signature: Date:

LMC informed by: Date: Time:	☐ Fax to DAU

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