



Select Your Preferred Location(s):

CFAC Deakin ACT
CFAC Bruce ACT

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QFAC Queanbeyan NSW

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PATIENT DETAILS:

First Name:

Last Name:

Preferred First Name:

Date of Birth:

Email:

Mobile Phone No:

LMP:

EDD:

G:

P:

***PLEASE INCLUDE COPIES OF PRIOR IMAGING AND TESTS**

CLINICAL HISTORY / INDICATIONS:

PREGNANCY SCREENING:

SINGLETON

MULTIPLE PREGNANCY

Genetic Carrier Screening (VCGS Prepair)

Combined First Trimester Screen (12-13 weeks)

NIPT Package

Including early anatomy, nuchal translucency, nasal bone and risk assessment using clinical, biochemical and ultrasound information. Please provide pathology request form for PAPP-A, bHCG and PAGF. Including Pre-Eclampsia screening.

Includes early pregnancy scan and blood collection of NIPT and FTS.

OBSTETRIC ULTRASOUND:

SINGLETON

MULTIPLE PREGNANCY

Early Pregnancy / Dating

Tertiary & Second Opinion Examination

Morphology (19-22 weeks)

CVS / Amniocentesis

Growth and Wellbeing

GYNAECOLOGICAL ULTRASOUND:

Pelvic Ultrasound

HyCosy Contrast Ultrasound with Tubal Patency Assessment

Endometriosis Scan

A detailed study looking for evidence of deep invasive endometriosis.

Ultrasound guided insertion of IUCD

Saline Sonography

Please provide patient with script for IUCD.

REFERRING DOCTOR DETAILS:

Practitioner's Name:

Signature:

Provider Number:

Date of Referral:

Practice Address:



**Australian Fetal
Assessment Centre**
Gynaecological Imaging

Generations of Care

Referral Form

a-fac.com.au

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