

PRE PREGNANCY CLINIC REFERRAL FORM

To:	O&G Specialist / Family Medicine Specialist (FMS) Pre-Pregnancy Clinic Hospital / Klinik Kesihatan: _____
Date:	

PATIENT DETAILS

Name	
NRIC / Passport No.	
Contact No.	

Dear Doctors,

I would like to refer the above name's patient for Pre Pregnancy counselling clinic / contraception advise with the following problem :

- ☐ Cardiovascular disease (congenital or acquired)
- ☐ Psychiatric disorder (with or without treatment)
- ☐ Chronic renal disease
- ☐ History of deep vein thrombosis (DVT)
- ☐ Systemic lupus erythematosus (SLE)
- ☐ Other medical/surgical/oncology . Details of other condition(s): _____

Current medications and treatment plan:

Contraindication to pregnancy: ☐ YES ☐ NO

REFERRING DOCTOR

Name	
Designation	
Clinic / Department	
Signature & Stamp	

PRE-PREGNANCY CARE PLAN / FEEDBACK

Date	
To	Specialist / Medical Officer
Referring Department / Klinik Kesihatan	

PATIENT DETAILS

Name	
NRIC / Passport No.	
Contact No.	

Thank you for your kind referral.

This patient has the following diagnosis / medical condition(s):

1. _____
2. _____
3. _____

Counselling provided:

1. Contraception given / offered: _____
2. Folic Acid 5 mg daily prescribed: ☐ Yes ☐ No
3. Termination of pregnancy (TOP) discussed **if indicated**.
☐ Yes ☐ No ☐ Not Indicated

****Should the patient conceive, she is advised to attend the Obstetric Clinic or Combined Clinic as early as possible for appropriate assessment and follow-up. The following measures are recommended to optimize maternal and fetal outcomes *in any future pregnancy*:**

Future pregnancy plan / recommendations:

O&G Specialist/FMS :

Signature & Official Stamp :