

Inflammatory Bowel Disease Pregnancy Clinic referral form

Please email to: IBDpregnancy@svha.org.au or fax (03) 9231 3644

Attention: Dr Emma Flanagan (IBD Pregnancy Clinic) St Vincent's Hospital Melbourne 35 Victoria Parade Fitzroy VIC 3065

				Date:				
PATIENT INFORMA	TION	(or affix sticker)):					
Given Name:				Surname:				
DOB:	URN:			Medicare No:				
Address:								
Phone:				Email:				
REFERRING PHYSI	CIAN:							
Doctor Name:								
Hospital/Clinic:								
Address:								
Phone:	Fax:		Email:					
Provider No:				Signature:				
DIAGNOSIS:				•		CURRENT	Γ DISE	ASE ACTIVITY:
☐ Crohn's Disease	erative colitis		assified		☐ Remission		☐ Active IBD	
REASON FOR REFI	ERRA	L:						
☐ Pre-conception co			☐ Currently	/ pregnant,	gesta	ational age (v	veeks):	
MEDICAL HISTORY	' <u>:</u>							
	-							
SURGICAL HISTOR	Y:							
□ Nil		☐ Small bowel resection		☐ Ileocaecal resection ☐ Subtotal colectomy				
☐ Right hemicolectomy		☐ Left hemicolectomy		☐ Other				
CURRENT MEDICA	TIONS	S:						
☐ Prednisolone	☐ Budesonide		□ 5-ASA			☐ Azathioprine		☐ 6-Mecaptopurine
☐ Infliximab	□ Ac	dalimumab	☐ Vedolizumab			☐ Ustekinumab		□Tofacitanib
☐ Other:	•							