

Women's Health Circle

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HealthLink User: whcircle

PERSONAL DETAILS:

Name: _____ D.O.B: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Mobile Number: _____ Medicare Number: _____

Email: _____

OBSTETRICS:

- LMP ___/___/___ EDD ___/___/___
 Singleton Multiple Pregnancy – Type

Routine:

- Dating Viability/Early Pregnancy
 Nuchal/Early Structural NIPT
 Mini Morphology Routine Morphology
 Growth & Wellbeing AFI Dopplers

Tertiary:

- Tertiary Morphology (2nd opinion)

Procedures:

- Amniocentesis CVS Feticide

GYNAECOLOGY:

- Pre-pregnancy counselling
 Pelvic Scan - TVUSS including 3D reconstruction with
Gynaecology consultation
 Follicle Tracking Follicle Tracking

Procedures:

- Mirena/Kyleena USS guidance Insertion Removal
 Deep Infiltration Endometriosis (DIE)
 HysteroContrastSalpingography (HyCoSy)
 Colposcopy
 Sonohysterogram

REFERRING DOCTOR:

Name: _____ Signature: _____

Provider Number: _____ Date: ___/___/___