

Women and Newborn Health Service
Princess Margaret Hospital for Children

NEONATAL TRANSFER FORM

(For babies up to 28 days old)

Med Rec. No:
Surname:
Forename:
Gender: D.O.B.

**For advice or to arrange a retrieval -
phone 1300 NETS (Newborn Emergency Transport Service) WA (1300 6387 92)**

MOTHER

Transferring Hospital: Transfer Date:
Obstetrician: Paediatrician: GP:
Mother's Name: Father's Name:
Mother's Age: L.M.P. (certain/uncertain): E.D.C:
No. of Pregnancies: No. of Living Children:
Blood Group: Serology Results:
Medical / Antinatal History (including all medications):
.....
.....
Labour: Y / N Spont. Y / N Induced: Y / N A.R.M: Y / N Oxytocin: Y / N
Time Membranes Ruptured: Mat. Fever: Y / N GBS Status: Pos / Neg / Unknown
Mat. Antibiotics: Y / N Fetal Distress: Y / N Type of Delivery:

BABY

Date of Birth: Time: Gest.: Birth Weight: Gender:
Apgars: Time to Spontaneous Resps:
Resuscitation:
.....
Cord Gas: Most Recent Blood Gas:
Vitamin K: Y / N Hep. B Vac: Y / N Other Medications (inc. time last dose given):

Reason for Referral

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Investigations (circle): Blood Culture Gastric Asp. CXR Other X-Ray Ultrasound Blood Group SBR
Passed Urine: Y / N Passed Meconium: Y / N Newborn Screening Card: Y / N

Type of Feeding

Suck: Y / N Frequency: Last Fed: NGT: Y / N Size: Date Inserted:

Intravenous Access

Peripheral line: Y / N UVC: Y / N Fluids:

Check List

Copies of baby's medical record		Doctor's letter	
Copies of relevant maternal medical record		Maternal blood – 10ml clotted (hand written and signed by collector)	
X-rays & pathology results		Cord blood – 5ml EDTA	