## Victorian Perinatal Emergency Referral Service

## Feedback – Referring Hospital

***Please fax this form to (03) 9344 3371***

Patient Name ________________________________ Date of Consultation / /

Referring hospital ____________________________________________

Referring hospital clinician ______________________________________________________

**Provisional Diagnosis ____________________________________ Gestation __________**

## Feedback:

Completed by: ____________________________________ Date: ____________________

Contact Phone Number: ( ) ____________________

Do you wish to be contacted to discuss this matter further? Yes No



*PERS: The Royal Women's Hospital Locked Bag 300, Parkville, Vic, 3052*
*Phone: (03) 9344 2567 www.pers.org.au*