

MR1001



the women's
the royal women's hospital

Registration of Hydatidiform Mole

UR number: _____

Surname: _____

Given name/s: _____

Date of birth: _____

Gender: _____

(AFFIX PATIENT LABEL)

INSTRUCTIONS FOR USE

- Please ensure all sections of this form is completed in full
- Referring doctor please confirm that the procedure and diagnosis and the need for follow-up to the GTD Registry at the RWH has been discussed with the patient
- The patient has been instructed to have weekly Beta HCG levels testing at a convenient pathology company and pathology slips have been provided (until contacted by the GTD registry)
- **PLEASE ATTACH A COPY OF THE HISTOLOGY REPORT**
- Please ask patient to notify us of any change of address or contact details

Sign: _____ Print name: _____ Date: ____ / ____ / ____

Please FAX to the Gestational Trophoblastic Disease Registry **Tel:** 8345 2620 **Fax:** 8345 3539

Patient Details

Surname: _____ First names: _____ D.O.B: ____ / ____ / ____

Address: _____ Postcode: _____

Telephone: _____ Mobile: _____ Medicare No: _____

Email: _____ NOK Surname: _____

First Name: _____

Ethnic Origin / Language: _____ Phone: _____

Referring Doctor

Full Name: _____

Hospital / Institution: _____

Address: _____

Postcode: _____

Telephone: _____

Fax: _____

GP Details

Full Name: _____

Address: _____

Postcode: _____

Telephone: _____

Fax: _____

Email: _____

Obstetric History

Number of pregnancies including this one GRAVIDA: _____ PARITY: _____

Date of evacuation of hydatidiform mole: ____ / ____ / ____

Date of last menstrual period prior to evacuation: ____ / ____ / ____ Gestational age: _____

Uterine size ____ mm Pre-treatment HCG: _____ Classification of mole (incl path result): _____

Site of mole: Uterine / Ectopic: _____ Signs coexistent twin pregnancy? YES / NO

Events leading to diagnosis (Please circle and number sequence of events)

 PV bleeding

 Histology report

 Missed abortion

 Foetal abnormality

 Ultrasound

 Large/Small for dates

 Incomplete abortion

 Ectopic pregnancy

 Recurrent bleeding

 TOP

 Evacuation of uterus

 ^hCG

OTHER, describe: _____

Method of evacuation (Please circle)

Suction Curettage D&C Hysterectomy OTHER (specify): _____

Diagnosis suspected prior to evacuation? YES / NO