



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)

- 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: _____ Work: _____

Email: _____

Ethnic Origin: _____

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 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

Please confirm that the need for follow-up has been discussed with the patient, that the procedure has been explained to her and that she has been referred to the GTD Registry at RWH. Please ask the patient to notify us of any change of address or contact details.

Sign: _____ Print name: _____ Designation: _____

Pathologist: _____ Path.Lab.No: _____

*****PLEASE ATTACH A COPY OF THE HISTOLOGY REPORT*****