## REFERRAL FORM

FAMILY PHYSICIAN OBSTETRICS | LOW-RISK PRENATAL + DELIVERY CARE

## **IMPORTANT:**

Date of referral

 Please send your referrals AS EARLY IN PREGNANCY AS POSSIBLE if you do not plan to provide prenatal care

- We ONLY DELIVER at the ROYAL ALEXANDRA HOSPITAL
- We do not accept patients without Alberta Healthcare or IFH funding

☐ Hep B SAb, HIV, Syphilis, Rubella IgG, Varicella IgG, Hep C SAb

☐1st trimester/Dating Ultrasound (CRL > 10mm for accurate EDC)
☐ GREATER THAN 26 weeks gestation - MUST also include:

☐ Completed Alberta Prenatal Record -

☐ 18-20w Obstetrical Anatomy U/S results

☐ Gestational Diabetes Screen results

all relevant labs/exams MUST BE entered

☐ ABO, Rh, Antibodies

Comprehensive pregnancy care (eg. completed Alberta Prenatal Record) must be included for referrals greater than 26 weeks gestation

maternity care by

family doctors

Alberta Precision Laboratories 1-877-868-6848
Appointment Booking & Locations: www.aibertaprecis

A Prenatal Infectious Disease Panel

At this late gestational age we require this information to

appropriately assess your patient's pregnancy risk factors.

Failure to provide this information will result in a decline of

**Perinatal Testing** 

For Red Blood Cell Serology

Please fax completed form to MOM CARE DOCS | Allin Clinic | Fax 780 488 2056

REFERRING PHYSICIAN		
Name	Clinic	Practice ID
Address	Postal Code	
Address	Postal Code	FIIOTIE
City	Province	  Fax
PATIENT INFORMATION		
First Name	Last Name	DOB (MON-DD-YYYY)
Address	Postal Code	Personal Healthcare Number
City	Province	Phone
Language Barrier?  No Yes → Language required?  Previous Mom Care Docs Patient?		Alternate Phone
PLEASE COMPL	ETE PAGE 2 – PA	ATIENT MEDICAL HISTORY
PLEASE ENSURE THE FOLLOWING	HAS BEEN COMPLETE	ED BEFORE SENDING REFERRAL
Tests	Requisition	
☐ CBC, Ferritin, TSH, Hemoglobin	General Laboratory	
☐ Chlamydia + Gonorrhea, Urine	ALBERTA PRECISION LABORATORIES Lades in Laboratory Medicine Alberta Precision Laboratories 1-877-898-8948 Alberta Precision Laboratories 1-877-898-8948 Alberta Precision Laboratories 1-877-898-8948 Alberta Precision Laboratories 1-877-898-8948	

Mom Care Docs 2024.08.v3 Page **1** of **2** 

referral.



## **PATIENT MEDICAL HISTORY**

PATIENT INFORMATION						
First Name	ast Name	е		DOB (MON-DD-YYYY)		
CURRENT PREGNANCY						
EDD (MON-DD-YYYY) By LMP By U/S	LMP (MON-DD-YYYY)	Current Gestational A	\ge	Gravida	Parity	
Previous Caesarean Section(s)?		1				
No Yes → How many C-sectio	ns?(If more than 1	x C-Section, please ref	er to OB	)		
Weight Height BMI		BP Date:				
kg cm (	If >45, please refer to OB)	(If pt h	nx of HTN	N, please ref	er to OB)	
Medication List (including dose and freq	uency):					
MEDICAL HISTORY (including com	plications in previous r	regnancies)				
MEDICAL HX	OTHER MEDIC	· · · · · · · · · · · · · · · · · · ·				
☐ Pre-existing Type 1 or 2 Diabetes						
☐ Chronic Hypertension						
☐ Hx of Seizures/Epilepsy						
☐ Kidney Disease						
☐ Pre-Pregnancy BMI > 45						
OBSTETRICAL HX	" DEDTINENT O	00141 111/ / 01/100744	105 1105	_		
☐ More than 1 Previous Caesarean Se		OCIAL HX / SUBSTAN	ICE USE	-		
☐ Preterm Delivery before 34wk Gesta						
☐ Current Twin/Multigestational Pregr	,					
☐ Current Illicit Drug Use/High Risk B	ehaviours					
If ANY of the above are true this p	ationt is					
-						
considered HIGH RISK. Please ref	er to an					
obstetrician.						

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Mom Care Docs 2024.08.v3 Page 2 of 2