

REFERRAL FORM

FAMILY PHYSICIAN OBSTETRICS | LOW-RISK PRENATAL + DELIVERY CARE



IMPORTANT:

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




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

Date of referral	
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REFERRING PHYSICIAN		
Name	Clinic	Practice ID
Address	Postal Code	Phone
City	Province	Fax

PATIENT INFORMATION		
First Name	Last Name	DOB (MON-DD-YYYY)
Address	Postal Code	Personal Healthcare Number
City	Province	Phone
Language Barrier? <input type="checkbox"/> No <input type="checkbox"/> Yes → Language required?	Alternate Phone	
Previous Mom Care Docs Patient? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PLEASE COMPLETE PAGE 2 – PATIENT MEDICAL HISTORY

PLEASE ENSURE THE FOLLOWING HAS BEEN COMPLETED BEFORE SENDING REFERRAL	
Tests	Requisition
<input type="checkbox"/> CBC, Ferritin, TSH, Hemoglobinopathy, Urine R+M	General Laboratory
<input type="checkbox"/> Chlamydia + Gonorrhea, Urine C+S	 Microbiology Requisition <small>Alberta Precision Laboratories 1-877-866-6848 Appointment Booking & Locations: www.abertaprecisionlabs.ca</small>
<input type="checkbox"/> Hep B SAb, HIV, Syphilis, Rubella IgG, Varicella IgG, Hep C SAb	 Prenatal Infectious Disease Panel <small>Alberta Precision Laboratories Leaders in Laboratory Medicine</small>
<input type="checkbox"/> ABO, Rh, Antibodies	 Perinatal Testing For Red Blood Cell Serology
<input type="checkbox"/> 1 st trimester/Dating Ultrasound (CRL > 10mm for accurate EDC)	
<input type="checkbox"/> GREATER THAN 26 weeks gestation - MUST also include: <ul style="list-style-type: none"> <input type="checkbox"/> Completed Alberta Prenatal Record – all relevant labs/exams MUST BE entered <input type="checkbox"/> Gestational Diabetes Screen results <input type="checkbox"/> 18-20w Obstetrical Anatomy U/S results 	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 referral .

