Obstetrical Outpatient Clinic-Referral Form

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Referring Physician: ____________________________
Main Contact number: ____________________________
Billing number: ____________________________
Attached all antenatals, Diagnostic reports, and applicable history, and medication lists □ Yes □ No

G: __ P: __ A: __ L: __ EDD (mm/dd/yy): ____________

Obstetrical Medicine Clinic
Select indication for referral (patients can also be seen for pre-pregnancy and postpartum assessment/follow-up)

□ Pregnancy Induced Hypertension
□ Essential Hypertension
□ Liver disease
□ Cardiac disease
□ Stroke
□ VTE-Venous thromboembolism
□ Cholestasis
□ Other:

□ Maternal history/concerns:

□ Fetal concerns:

□ History of complication in pregnancy:

Existing medical issue □ Yes □ No
Patient being followed by a medical provider □ Yes □ No

Pre-surgical Screening

□ Patient requires surgical pre-screening
□ Patient requires anaesthetic consultation
□ Patient can be given a outpatient requisition to have blood drawn in the outpatient lab

Complete pertinent Surgical history on antenatals and review patient questionnaire

Postpartum Wellness

□ Patient requires support postpartum
□ Patient requires support from postpartum adjustment program
□ Patient would benefit from additional support and mental health adjustment

Please complete perinatal social referral form and attach

Non-Stress Test Criteria
Indication for NST must be completed

□ Diabetes
□ Pre-existing: weekly NST starting at 30 weeks
□ GDM On Insulin: weekly NST starting at 36 weeks
□ Hypertension (HTN) + preeclampsia or IUGR
□ Oligohydramnios
  □ Weekly from diagnosis
□ Polyhydramnios
  □ Biweekly from time of diagnosis to 37 weeks, then weekly to delivery
□ Previous Stillbirth
  □ Weekly from 2 weeks prior to previous stillbirth (tillatt at 32 weeks at the latest)
□ Maternal Age over 40 yr (AMA)
  □ Weekly from 36 weeks
□ IVF
  □ Starting at 36 weeks
□ IUGR
□ OTHER

Early Pregnancy Clinic
LMP (mm/dd/yy): ____________

□ Abortion
  □ Missed
  □ Incomplete
  □ Threatened
□ Ectopic

Methotrexate given (mm/dd/yy): ____________

Breastfeeding Clinic
Prenatal and postnatal patients do not require referral-all patients will receive referral for 2-3 days after discharge

Please be advised: patients will receive a call from the Obstetrical clinic to book as appropriate, please ensure all contact information is correct and verified

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