

PATIENT INFORMATION:

Referral Date: _____

Name: _____ PHN: _____ DOB: _____

Preferred Phone: _____ Alternate Phone: _____ Gender: _____

Address: _____

Referring Physician: _____ Clinic: _____

Family Physician: _____ Clinic: _____

*LMP: _____ *Due Date: _____ Gravida: _____ Para: _____

**EDC from completed ultrasound required if LMP unknown*

IF PATIENT OVER 30 WEEKS THEY ARE NOT ACCEPTED BY THIS PROGRAM. YOU MUST DIRECTLY REFER TO PHYSICIAN

Please check applicable:

Medical/Obstetrical History:

I have reviewed the exclusion criteria (pg 2) **with the patient** and confirm this patient meets the referral guidelines for this program
Patient's Calculated BMI: _____ (must be < 45)

List Relevant Social Issues:

Current Pregnancy

Is patient over 12 weeks? Yes No

If YES, have they received regular prenatal care? Yes No

Delivery History

Vaginal birth Cesarean Section
 VBAC Less than 36 weeks

Current Medications:

Investigations Done:

Ultrasound Yes No *If yes where:* _____

Prenatal Labs Yes No

Genetic Testing Arranged Yes No Declined

All clinics deliver at RDRH, check preferred clinic(s) Subject to availability.

Patient will be contacted by accepting clinic within 1 to 2 weeks of referral.

- First Available
- Horizon Family Medicine Cronquist Medical Clinic Saint Mary Family & Walk In Clinic Riverlands Medicine Clinic
- Innisfail Medical Clinic Sylvan Family Health Sylvan Medical Centre

UPON REVIEW OF REFERRAL, COMPLETE AND RETURN BY FAX TO BOTH

1. Red Deer PCN at 403.343.9580 and
2. Referring Clinic _____

Low Risk Maternity Clinic _____
 (Clinic Name)

Accepted Declined Reason: _____
 This Information enables the RDPCN to understand your referral criteria

Clinical Reference

If patient has any of the following medical or gynecological history, they will not be accepted by the Low Risk Maternity Program.

Refer directly to an obstetrician.

Medical History (LRMC does **NOT** accept)

- ❖ Cardiac Disease (*including Hypertension*)
- ❖ Renal Disease
- ❖ Pre-existing Diabetes
- ❖ Bleeding or Clotting disorders
- ❖ Seizure disorders
- ❖ Methadone, prescription narcotic use
- ❖ Chronic Infections (HIV, Hep C, Hep B, Syphilis)
- ❖ Obesity (BMI ≥ 45)
- ❖ Age > 45
- ❖ Abuse of substances such as alcohol and street drugs
- ❖ Chronic medical
(Epilepsy, severe asthma, lupus, organ transplants, current cancer, uncontrolled inflammatory bowel disease, bariatric surgery)

Obstetrical / Gynecological History (LRMC does **NOT** accept)

- ❖ Known multiples (*current pregnancy*)
- ❖ Second trimester loss
- ❖ Recurrent Subsequent miscarriage >3
- ❖ Preterm birth < than 36 weeks
- ❖ HELLP syndrome or Eclampsia
- ❖ Stillbirth or Neonatal Death
- ❖ Major Uterine surgery
- ❖ Uterine structural abnormality
- ❖ Significant post-partum hemorrhage requiring transfusion
- ❖ Significant antenatal hemorrhage
- ❖ Gestational Diabetes requiring insulin
- ❖ Baby with congenital abnormality (*Structural or Chromosomal*)
- ❖ Rhesus isoimmunisation or other significant blood group antibody