



# RED DEER PRIMARY CARE NETWORK LOW RISK MATERNITY CARE REFERRAL

(Less than 20 weeks)

Scheduling Line: 403.314.3297 Main Line: 403.343.9100 Fax: 403.343.9580

## PATIENT INFORMATION:

Referral Date: \_\_\_\_\_

Name: \_\_\_\_\_ PHN: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

### IF PATIENT ≥20 WEEKS PHYSICIAN IS REQUIRED TO DIRECT REFER

\*LMP: \_\_\_\_\_ \*Due Date: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_

\*EDC from completed ultrasound required if LMP unknown

### 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

Dr. Martina Babin Office

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

We are collecting this information according to the requirements specified in the Health Information Act (HIA) of Alberta, sections 27 (1)(a), (g)

## Clinical Reference

LRMC does **NOT** accept the below

### Medical History

- ❖ 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  $\geq 45$ )
- ❖ 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

- ❖ 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