

Ensure that you review the criteria below before referring to the Red Deer Low Risk Maternity Care Program

LRMC does **NOT** accept the following

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 ≥ 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 isoimmunization or other significant blood group antibody



RED DEER PRIMARY CARE NETWORK - LOW RISK MATERNITY CARE REFERRAL (Less than 20 weeks)

Scheduling Line: 403.314.3297

Fax: 403.754.4374

PATIENT INFORMATION:

Referral Date: _____

Name: _____ PHN: _____ DOB: _____

Preferred Phone: _____ Alternate Phone: _____ Gender: _____

Address: _____

Referring Physician: _____ Clinic: _____

Family Physician: _____ Clinic: _____

IF PATIENT \geq 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

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 403.754.4374 and

2. Referring Clinic _____

Low Risk Maternity Program _____

(Clinic Name)

Accepted Declined *Reason:* _____

This Information enables the RDPCN to understand your referral criteria