



**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 \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Referring Primary Care Provider \_\_\_\_\_ Clinic \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Clinic \_\_\_\_\_

Translation Services Required  Yes  No Language Spoken \_\_\_\_\_

**IF Patient  $\geq 20$  WEEKS DIRECT REFERRAL is REQUIRED**

Due Date by Ultrasound: \_\_\_\_\_ Calculated BMI \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_

(must be < 45)

**MUST ATTACH an ultrasound confirming a viable singleton pregnancy**

Delivery History  Vaginal birth  Cesarean Section  VBAC

**If YES is indicated in the below medical/obstetrical/gynecological history your patient is considered HIGH RISK and will require a direct referral to an Obstetrician**

**Medical History**

- Yes  No Cardiac Disease (including Hypertension)
- Yes  No Obesity (BMI  $\geq 45$ )
- Yes  No Age > 45
- Yes  No Diabetes
- Yes  No Bleeding or Clotting disorders
- Yes  No Seizure disorders
- Yes  No Abuse of substances (alcohol and street drugs)
- Yes  No Methadone, prescription narcotic use
- Yes  No Renal Disease
- Yes  No Chronic Infections (HIV, Hep C, Hep B, Syphilis)
- Yes  No Chronic medical  
Epilepsy, severe asthma, lupus, organ transplants,  
current cancer, uncontrolled inflammatory bowel  
disease, bariatric surgery

**Obstetrical/Gynecological History**

- Yes  No Known multiples (current pregnancy)
- Yes  No Second trimester loss
- Yes  No Recurrent Subsequent miscarriage >3
- Yes  No Preterm birth < than 36 weeks
- Yes  No Stillbirth or Neonatal Death
- Yes  No Uterine surgery – exclusion D&C
- Yes  No HELLP syndrome, Preeclampsia or Eclampsia
- Yes  No Uterine structural abnormality
- Yes  No Post-partum hemorrhage requiring transfusion
- Yes  No Antenatal hemorrhage
- Yes  No Placenta complications e.g., abruption, retention
- Yes  No Rhesus isoimmunization or other significant  
blood group antibody
- Yes  No Gestational Diabetes requiring insulin
- Yes  No Referred to obstetrician / gynecologist
- Yes  No  Unsure A desire to have a c-section delivery

**Current Medications or attach print out**

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

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

- First Available
- Cronquist Medical Clinic
- Dr. Martina Babin
- Horizon Family Medicine
- Saint Mary Family & Walk In Clinic
- Innisfail Medical Clinic
- Sylvan Family Health

**Fax ACCEPTED Referral to back Red Deer PCN at 403.754.4374 AND the Referring Clinic**

**\*If patient does NOT have an active Alberta Health Care Card OR If patient is from Out of Country – patient will need to access care either Calgary Triage Line 403.944.4808 or Edmonton – Women’s Health Centre 780.461.6220**