



**Maternity Ambulatory Program  
Prenatal Procedures Unit**

PHONE: (604) 875-2814 FAX: (604) 602-8677

Date of referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / Mth / YEAR

SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

**OK for BC Women's to contact patient?** ☐ YES ☐ NO  
**email:** \_\_\_\_\_

Interpreter required ☐ Y ☐ N (see reverse)  
Language: \_\_\_\_\_

Referring MD/NP/RM: \_\_\_\_\_ MSP Billing #: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Copies to: \_\_\_\_\_ MSP Billing # \_\_\_\_\_

Copies to: \_\_\_\_\_ MSP Billing # \_\_\_\_\_

☒ I have counselled the patient and she would like to proceed with a prenatal procedure. \_\_\_\_\_ (MD/RM initials)

☐ **C.V.S. (Chorionic Villus Sampling) 11<sup>0</sup> - 13<sup>4</sup> weeks gestation**

☐ **Amniocentesis after 15<sup>4</sup> weeks gestation**

**\*Indication for referral: (\*\*will be returned if incomplete\*\*)**

☐ Positive prenatal screening/NIPT

☐ Maternal age (egg age) 40 or greater

☐ Previous confirmed Trisomy 13, 18, 21 (funded NIPT declined by patient)

☐ ICSI Pregnancy

☐ Molecular Genetic testing (Medical Genetics referral recommended)

☐ Other: \_\_\_\_\_

On anticoagulant: ☐ yes ☐ no

Other Rx: \_\_\_\_\_

**G T P ECT SA TAL LNMP** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / Mth / YEAR

**EDD** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / Mth / YEAR

**GA:** \_\_\_\_\_  
(at date of referral)

Please provide as much information as possible to allow appropriate triaging to expedite clinical care - the more information the better

**Documents to be faxed with this form to complete the referral:**

☐ Dating Ultrasound Report

☐ Screening Reports if done (NT, IPS, SIPS, QUAD, NIPT)

☐ Antenatal Record Parts I & II

☐ Completed Prenatal Genetics Lab Requisition

☐ Completed AFP Testing on Amniotic Fluid requisition (if Quad/SIPS/IPS not done)

☐ Blood Type Report (drawn during this pregnancy – if RH negative, must be from Canadian Blood Services, otherwise can be from any North American Lab)

☐ For CVS referral: also send Cervical Swab or urine result for gonorrhea and chlamydia.  
(If the test is not completed in advance, the patient will be required to visit the hospital lab to complete the testing prior to their procedure)

**Key: (abbreviations):** GP = General Practitioner NP = Nurse Practitioner ND = Naturopathic Doctor

EDD = estimated date of delivery (new standard changed from DC) ICSI = Intracytoplasmic sperm injection

CVS = Chorionic Villus sampling LNMP = Last normal menstrual period (new changed from LMP) CRL = crown-rump length

BPD = biparietal diameter RH = Rhesus factor

NT = nuchal translucency IPS = integrated prenatal screening SIPS = serum integrated prenatal screening

QUAD = quadruple marker test NIPT – non-invasive prenatal testing (can you please add this to the list of tests with "screening reports if done")

This form is for the sole use of the intended recipient(s) and contains confidential and privileged information. Any unauthorized use, disclosure or distribution is prohibited. If you are not the intended recipient please contact the sender and destroy all copies.

**Provincial Language Service Interpretation criteria:**

- ☐ Patient will be asked to sign **Informed Consent** for treatment/procedure and patient is not fully fluent in English
- ☐ Patient has little or no English skills and has no family/friend to translate for them during clinical encounter

Provincial Language Service does not come without significant cost.

If your patient has basic English language skills and can manage her appointment that does not include consent, diagnosis or treatment, please do not request an interpreter.

All information and medical terminology is explained in simple English so the use of an interpreter is not necessary for most appointment types. Should we determine that there is in fact a need, we will access interpretation support via telephone which is an effective modality for interpreting health care as indicated in the most recent literature and current best practices.

Thank you for your cooperation and support.

Maternity Ambulatory Program  
BC Women's Hospital & Health Centre