

EMMA Clinic REFERRAL	DATE OF BIRTH DD/N	1th/YEAR	AGE				
Evaluating Maternal and fetal Markers of Adverse placental outcomes	PHN						
PHONE: (604) 875-2162 FAX: (604) 875-3255							
Date of referral:/	C Women's H	ospital to co	ntact patie	nt? 🗖 YE	ES 🗖 NO		
DD / Mth /YEAR	Interpreter required						
		Language:					
Referring MD/Midwife:	MSC Bil	lling #:					
Phone: FAX :							
*Indication for referral: (**will be returned if inc	omplete**)						
G T P ECT SA TA L LNMP		EDD /	/	GA:			
	Mth /YEAR		Mth /YEAR		te of referral)		
**Please complete EMMA Risk assessment on re ☐ Referral for Risk assessment: Ultrasound and EMMA clinic							
 □ Referral for complication diagnosed in current pregnancy: □ Fetal growth restriction □ Pre-eclampsia □ Chronic APH/ marginal abruption 	☐ EMMA Rist ☐ Antenatal ☐ Bloodwork ☐ Consultati ☐ Ultrasound ☐ Pap smean	ons d or Diagnostic I r, chlamydia and	n page 2 of th pregnant) Reports gonorrhea re	is form	eived BCW:		
☐ Other Hospital of Delivery ☐ BCW ☐ Other	Referring Office Checklist: ☐ Care card and Photo ID ☐ Directions (Entrance #93) – web instructions/map ☐ Scent Free Clinic						
FOR BC WOMEN'S OFFICE USE ONLY:	Reviewed by:						
Physician:							
MD Appointment:/							
DD / Mth / YEAR Time							
Clinic appointment time:							
Ultrasound appointment time:							
☐ Referring office Notified ☐ Patient Notified							
□ Cerner	Key : (abbreviations):	EDD = expected date of	of delivery LNM	P = last normal m	nenstrual period		

SURNAME

POSTAL CODE

FIRST NAME

WORK PHONE

Page 1 of 2

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.

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

Antenatal risk assessment for placentallymediated pregnancy complications

≥1 Major risk factor:	• 2 abnormal analytes	≥3 minor risk factors:
☐ Chronic renal disease	☐ PAPP-A ≤ 0.15 MoM	Nulliparity
Anti Phospholipid Antibody Syndrome	☐ uE3 ≤ 0.40 MoM	☐ Maternal age <20 or >35 ☐ BMI <20 or >35
☐ Chronic hypertension	☐ AFP ≥ 2.5 MoM	□ IVF pregnancy
☐ Diabetes with evidence of end orga	n	☐ Pre-existing diabetes ☐ Pregnancy interval <6 or >60months
disease Chronic/Active Autoimmune disease	☐ Inhibin A ≥ 3.0 MoM	Any previous pre-eclampsia or
☐ Maternal age ≥40 + nulliparity		IUGR
☐ Previous: (i) severe pre-eclampsia	And/Or	☐ Smoking ≥5 cigarettes per day
Or (ii) IUGR	• 1 severely abnormal analyte	☐ Single abnormal maternal serum
resulting in delivery <34 weeks Previous unexplained stillbirth	☐ AFP ≥ 3.5 MoM	analyte ☐ PAPP-A ≤ 0.15 MoM
☐ First or second trimester heavy	☐ hCG ≥ 4.5 MoM	☐ uE3 ≤ 0.40 MoM
menstrual-like bleeding	☐ Inhibin A ≥ 4.0 MoM	☐ AFP ≥ 2.5 MoM
☐ Fetal 2nd trimester echogenic bow		hCG ≥ 4.0 MoMInhibin A ≥ 3.0 MoM
Other.		S
_	<u> </u>	
	✓ Start ASA 81mg daily ≤ 16 weeks GA	
———	Start Calcium 1g/d if daily intake is <600m	ng/d
	book detail ultrasound at 19-20 weeks	
	 Eligible for BCW EMMA Clinic consultation (attach risk assessment form to MFM refer 	
L	141)	

Provincial Language Service Interpretation criteria:

Patient will be as	sked to sian In	formed Consent	for treatment/p	procedure and	patient is not f	ullv	rfluent in End	alisł	า

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.

Diagnostic & Ambulatory Programs BC Women's Hospital & Health Centre