

HOSPITAL+					
HEALTH CENTRE An agency of the Provincial Health Services Authority	POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE	
Maternity Ambulatory Program	DATE OF BIRTH DD/	Mth/YEAR	AGE		
Prenatal Procedures Unit PHONE: (604) 875-2814 FAX: (604) 602-867	PHN				
Date of referral:/ DD / Mth /YEAR			ontact patient?		
			uired 🗆 Y 🗆 N		
Referring MD/NP/RM:	MSP Billi				
Phone:FAX	(:				
Copies to: N	ISP Billing #				
	ISP Billing #				
I have counselled the patient and she would like to proceed v	vith a prenatal procedure	(MD/R	M initials)		
 C.V.S. (Chorionic Villus Sampling) 11⁰ - 13⁴ weeks g 	estation	mniocentesis aft	er 15 ⁴ weeks gesta	tion	
*Indication for referral: (**will be returne	d if incomplete**)				
☐ Positive prenatal screening/NIPT	☐ ICSI	Pregnancy			
Maternal age (egg age) 40 or greater	☐ Mo	 Molecular Genetic testing (Medical Genetics referral recommended) 			
Previous Trisomy 13, 18, 21 declining Med Gen counselling	ng 🗖 Oth	er:			
On anticoagulant:					
G T P ECT SA TA L LN	MP//	EDD	//	GA:	
	DD / Mth /YEAR	DD/	Mth /YEAR	(at date of referral)	

PERMANENT ADDRESS

FIRST NAME

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 not done) 	,	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
OR BC WOMEN'S OFFICE USE ONLY: Referring Office Checklist:		
	☐ Care card and Photo ID	☐ Directions (Entrance #93) – web instructions/map

Appointment date: ___/___/__ ☐ Scent Free Clinic DD / Mth / YEAR Time Reviewed by:_ Date: **Key:** (abbreviations): GP = General Practitioner NP = Nurse Practitioner ND = Naturopathic Doctor $EDD = estimated \ date \ of \ delivery \ (new \ standard \ changed \textit{EDC}) \quad ICSI = Intracytoplasmic \ sperm \ injection$ CVS = Chorionic Villus sampling LNMP = Last normal menstrual period (new changed from LMP) CRL = crown-rump length BPP = biparietal diameter RH = Rhesus factor
NT = nuchal translucency IPS = integrated prenatal screening SIPS = serum integrated prenatal screening ☐ Referring office Notified ☐ Patient Notified QUAD = quadruple marker test NIPT - non-invasive prenatal testing (can you please add this to the list of tests with "screening reports if done") ☐ Cerner Distribution

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☐ Blood Type Report (drawn during this pregnancy — if RH negative,

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

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