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BC WOMEN'S HOSPITAL+ HEALTH CENTRE	SURNAME FIRST NAME  PERMANENT ADDRESS				
Provincial Health Services Authority	POSTAL CODE	CELL PHO	NE	HOME PHONE	WORK PHONE
Placental Health Clinic REFERRAL	DATE OF BIRTH DD/Mth	/YEAR		AGE	
PHONE: (604) 875-2162	PHN				
Date of referral:// DD / Mth / YEAR	> Women's Ho	-		-	? □YES □NO
		Langu	ıage:		
Referring MD/Midwife:	MSC Billi	ng #:			
Phone: FAX :					
*Indication for referral: (**will be returned if inco	omplete**)				
G T P ECT SA TA L	E	DD	DD/ Mth	/YEAR	GA: (at date of referral)
**Please complete Risk assessment on reverse**  □ Referral for PRISM Ultrasound-based consult	Please attac	Assessr	ment on pa		form $\square$
•		Assessr lecord 1 k/Labs	ment on pa & 2		

LI Referration PRISIVI Officasound-based Consult	H PRIOW RISK ASSESSIFIED OF PAGE 2 OF THIS TOTAL	ш		
	☐ Antenatal Record 1 & 2			
☐ Referral for PRISM Ultrasound + in person MFM	☐ Bloodwork/Labs ☐			
consult	☐ Consultations ☐			
□ Referral for Placental pathology review and	☐ Ultrasound or Diagnostic Reports			
pregnancy planning	☐ Pap smear, chlamydia and gonorrhea reports			
□ Other	□ Antenatal Record 1 & 2 □ Bloodwork/Labs □ Consultations □ Ultrasound or Diagnostic Reports □ Pap smear, chlamydia and gonorrhea reports  Referring Office Checklist: □ Care card and Photo ID			
	☐ Care card and Photo ID			
Hospital of Delivery ☐ BCW ☐ Other	☐ Directions (Entrance #93) – web instructions/map ☐ Scent Free Clinic			

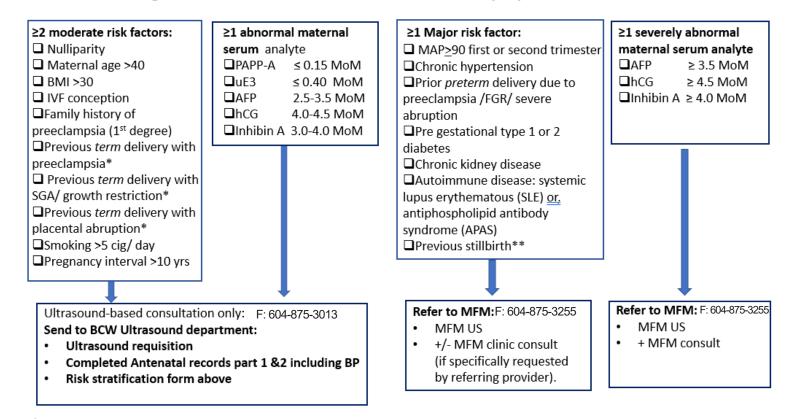
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	SURNAME			FIRST 1	FIRST NAME			
PERMANENT ADDRESS								
	POSTAL CODE CELL PHONI		CELL PHONE	HOME PHONE		WORK P	WORK PHONE	
	DATE OF BIRTH DD/Mth/YEAR				AGE			
	PHN							

Referral for Placental Insufficiency Ultrasound risk assessment (PRISM):
ASA for prevention of pre-eclampsia is recommended as per MFM OBIM Provincial Guideline

## Clinic referral triage based on clinical risk factors and serum analyte profile



 $<sup>^</sup>st$  As isolated risk factors, fetal growth assessment is recommended at 32-34 weeks

## 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.

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

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<sup>\*\*</sup> where cause of stillbirth is either suspected to be related to placental insufficiency or unexplained