

Fetal Diagnosis Service Referral
 Phone: (604) 875-2848 FAX: (604) 875-3484

SURNAME		FIRST NAME	
PERMANENT ADDRESS		City	Province
POSTAL CODE	DATE OF BIRTH DD/MTH/YEAR		
CELL PHONE	HOME PHONE	WORK PHONE	
PHN			

Date of referral: ___/___/___
 DD / Mth / YEAR

OK for BC Women's Hospital to contact patient? YES NO

Patient email address: _____

Interpreter required Y N (see reverse)

Language: _____

Referring MD/Midwife: _____

MSP Billing #: _____

Phone: _____ FAX: _____

Family Physician: _____

MSP Billing #: _____

Phone: _____ FAX: _____

Other Doctor/Physician: _____

MSP Billing #: _____

Other Doctor/Physician: _____

MSP Billing #: _____

Indication for Referral:

G: ___ **T:** ___ **P:** ___ **Ect:** ___ **SA:** ___ **TA:** ___ **L:** ___ MRSA positive

LNMP ___/___/___
 DD / Mth / YEAR

EDD ___/___/___
 DD / Mth / YEAR

GA: _____
 (at date of referral)

Please attach following documents:

- Antenatal Record 1 & 2
- Consultations
- All Ultrasound Reports
- Pap smear, chlamydia and gonorrhoea reports
- SIPS/IPS/QUAD
- NIPT
- CBC
- Blood Type and Screen

Received BCW:

-
-
-
-
-
-
-
-

FOR BC WOMEN'S OFFICE USE ONLY:

Clinic appointment time: _____

Ultrasound appointment time: _____

Has patient been informed of this referral? YES NO Referring office Notified

Key: (abbreviations): EDD = Estimated date of delivery PHN = Personal Health Care Card Number GA: Gestational Age

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