



Maternal Fetal Medicine Referral

PHONE: (604) 875-2162 FAX: (604) 875-3255

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

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

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

Interpreter required Y N (see reverse)

Language: _____

Referring MD/Midwife: _____ MSC Billing #: _____

Family Physician: _____ MSC Billing #: _____

Phone: _____ FAX: _____

Referral from St. Paul's Hospital caregiver: YES NO

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

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

LNMP ___/___/___ **EDD** ___/___/___ **GA:** _____
DD / Mth / YEAR DD / Mth / YEAR (at date of referral)

Please attach following documents:

- Antenatal Record 1 & 2 (if pregnant)
- Bloodwork/Labs
- Consultations
- Ultrasound or Diagnostic Reports
- Pap smear, chlamydia and gonorrhoea reports
- Pre-Pregnancy: All labs past 2 years
- All medical consults past 2 years
- All diagnostic past 2 years
- List of all physicians this patient sees

Received BCW:

-
-
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-
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Referring Office Checklist:

- Care card and Photo ID
- Preparation Instructions (full bladder if Ultrasound)
- Photo \$ if ultrasound
- Directions (Entrance #93) - web instructions/map
- Scent Free Clinic

FOR BC WOMEN'S OFFICE USE ONLY:

Appointment date: ___/___/___
DD / Mth / YEAR

Time: _____

Obstetrical Pre-pregnancy

Clinic appointment time: _____

Ultrasound appointment time: _____

Referring office Notified

Patient Notified

Cerner

Eve

Access

Reviewed by: _____

Date: _____

Key: (abbreviations): EDD = expected date of delivery PHN = Personal Health Care Card Number

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