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BC WOMEN'S	SURNAME FIRST NAME			
HOSPITAL+	PERMANENT ADDRESS			
HEALTH CENTRE  Provincial Health Services Authority	POSTAL CODE CELL PHONE 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	or BC Women's Hospital to contact patient? □YES □NO Interpreter required □Y□N (see reverse) Language:			
Referring MD/Midwife:	MSC Billing #:			
Phone: FAX:				
*Indication for referral:				
G T P ECT SA TA L	EDD / / / GA: (at date of referral)			
**Please complete Risk assessment on revers  Referral for PRISM Ultrasound-based consult	☐ PRISM Risk Assessment on page 2 of this form ☐			
☐ Referral for PRISM Ultrasound + consideration of in person MFM consult (subject to MFM triage)	□ Antenatal Record 1 & 2 □ Bloodwork/Labs □ Consultations □ Ultrasound or Diagnostic Reports			
☐ Referral for Placental pathology review and pregnancy planning	☐ Pap smear, chlamydia and gonorrhea reports ☐			
☐ Other	Referring Office Checklist:  ☐ Care card and Photo ID			
Hospital of Delivery □ BCW □	<ul><li>☐ Directions (Entrance #93) – web instructions/map</li><li>☐ Scent Free Clinic</li></ul>			

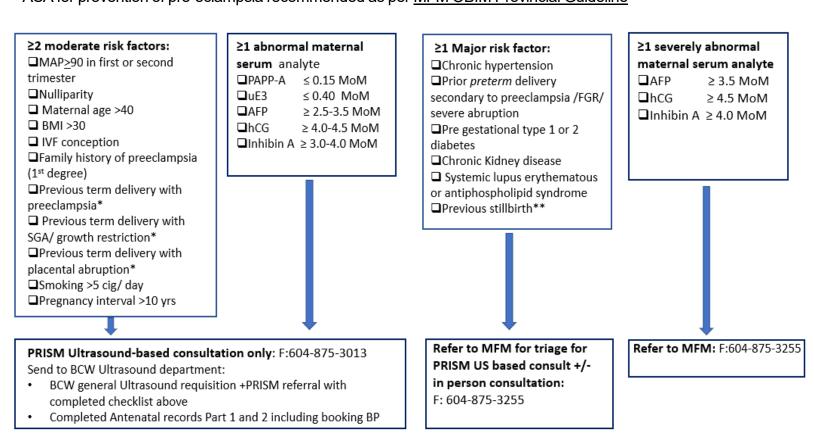
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PERMANENT ADDRI	ESS		
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	

## Placental Insufficiency Ultrasound risk assessment (PRISM) eligibility criteria:

- Singleton pregnancy at 19-23 weeks without previous detail ultrasound
- ASA for prevention of pre-eclampsia recommended as per MFM OBIM Provincial Guideline



<sup>\*</sup>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

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