BC WOMEN'S HOSPITAL+ HEALTH CENTRE

An agency of the Provincial Health Services Authority

Medical Genetics Clinic **Prenatal Referral Form**

Main Reception (604) 875-2157 **Referrals: Tel (604) 875-2818**
Room C234, 4500 Oak Street **Fax (604) 875-3484**
Vancouver, BC, V6H 3N1

Date of Referral:

Patient Demographics

Patient Name (Last, First):________________________ ** Patient aware of this referral? ☐Yes ☐No

DOB: DD________MM________YY________PHN#:________________ Ethnic Origin: ________________

Home Address:________________ Email Address:________________ Postal Code: ________

Primary Tel: ☐home ☐cell ☐work__________ Alt Tel: ☐home ☐cell ☐work ________________

Partner's Name:________________DOB: DD_______MM_______YY_______PHN#: ________________

Interpreter required? ☐No ☐Yes ➔ language required:

Pregnancy Details

LMP: DD_______MM_______YY_______Current GA: ____________

G________ P________ SA ________ TA________ L

IVF Pregnancy? ☐No ☐Yes ➔ was ICSI used? ☐Yes ☐No

Patient's Current Weight:______________☐LB ☐KG

Smoking in pregnancy? ☐Never ☐Yes➔current/quit: ______________

Diabetes in pregnancy? ☐No ☐Type 1 ☐Type 2 ☐Gestational

Records Request - check O available reports & fax all records

Antenatal Records ☐Yes ☐ No

Blood Type ☐Yes ☐ No

Hematology ☐Yes ☐ No

Thalassemia ☐Yes ☐ No

Virology (rubella) ☐Yes ☐ No

Cervical Swabs ☐Yes ☐ No

MRSA Positive ☐Yes ☐ No

FTS / IPS / SIPS / QUAD } ☐Yes ☐No ☐Declined

NIPT: ☐Yes ☐No ☐Declined

AMNIO: ☐Yes ☐No ☐Declined

Ultrasound: ☐Yes ☐No ☐ Booked

�when & where?

Reason For Referral

☐ Genetic counselling to review test results: ________________________

☐ Fetal abnormalities or markers detected on ultrasound: ________________________

☐ Family / Medical / Pregnancy history concerns: ________________________

☐ Other (provide details): ________________________

Referring Healthcare Provider ➔will be contacted with appt

Name: Billing #:

Address:

Tel:

Private Line: Fax:

Other Healthcare Provider

Name: Billing #:

Address:

Tel:

Private Line: Fax:

****Please call us to follow up if you were not contacted with an appt within 2 days****