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
Room C234, 4500 Oak Street
Vancouver, BC, V6H 3N1

Referrals: Tel (604) 875-2818
Fax (604) 875-3484

Date of Referral: ______

Patient Demographics

Patient Last Name: ______ First Name: ______ ** Patient aware of this referral? ☐ Yes ☐ No

DOB: DD ______ MM ______ YY ______ PHN#: ______ Ethnic Origin: ______

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 ** Indicate 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

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

NIPT: ☐ Yes ☐ No ☐ Declined

AMNIO: ☐ Yes ☐ No ☐ Declined

U/S: ☐ Yes ☐ No ☐ Booked

Upcoming U/S 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 ______

Postal Code ______ Tel: ______

Private Line: ______ Fax: ______

Other Healthcare Provider

Name ______ Billing # ______

Address ______

Postal Code ______ Tel: ______

Private Line: ______ Fax: ______

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

Revised Jun 2014