High River Maternity Clinic
Intake and Referral Form for Physicans / Nurse Practitioners

Dear physician and nurse practitioner colleagues: please fill out this form in lieu of a referral letter.

Thank you for referring your patient to the High River Low Risk Maternity Clinic. Please note, we are a *low risk* maternity clinic and do not accept the following patients:

- Women desiring a trial of labour after C-section (we *will* see patients for elective repeat C-sections)
- Women with complex pre-existing medical conditions (such as type 1 or 2 diabetes, hypertension, Crohn's disease, etc.)
- Women with a pre-pregnancy BMI ≥38
- Women after 20 weeks gestation (unless extenuating circumstances apply)

These women would need to be referred to a tertiary care center in either Calgary or Lethbridge. Usually the city obstetricians will assume care about 26-30 weeks gestation. If you do not feel comfortable providing prenatal care for your higher risk pregnant patients, we can see them until they are accepted into an obstetrics practice in the city.

Patient Demographics

Please complete the following:

Referral date: _____ Estimated gestational age at time of referral: _____

Referring provider: _____ Phone #: _____ Fax #: _____

Gravida: _____ Para: _____ Previous prenatal / delivery location(s) if applicable: _____

Last menstrual period: _____ Estimated date of delivery: _____ ☐ by dates ☐ by ultrasound

Previous C-section: ☐ Yes ☐ No If yes, would the patient prefer an elective repeat C-section? ☐ Yes ☐ No

Please list any pre-existing medical conditions: _____

Patient height (cm): _____ Patient weight (kg): _____ Patient BMI: _____

Please include the following information, if already completed:

☐ Prenatal screening labs ☐ CBC ☐ Urinalysis and urine C&S ☐ Chlamydia/gonorrhea results
☐ Most recent Pap, if applicable ☐ Any ultrasounds done to date

Internal Use Only:

Appointment date: _____ Appointment time: _____ EGA: _____weeks _____days

Reviewed by: _____ ☐ Yes ☐ No ☐ Equivocal ☐ Dating U/S approved PRN ☐ Pull old HRH chart

If equivocal, also reviewed by: _____ ☐ Yes ☐ No Notes: _____

Unit Clerk Use Only:

Sent referral notification: _____ Sent first prenatal appointment fax: _____

☐ Millennium ☐ EDD List ☐ Demographics verified ☐ Pull old chart if requested by MD/MW

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