LOW RISK MATERNITY CARE REFERRAL

Red Deer Primary Care Network

Phone: 403.343.9100 Fax: 403.343.9580 website: www.reddeerpcn.com

PATIENT INFORMATION: **Referral Date:** ________________

Name: ________________ **PHN:** ________________ **DOB:** ________________

Preferred Phone: ________________ **Alternate Phone:** ________________ **Gender:** ________

Address: ____

Referring Physician: ________________ **Clinic:** ________________

Family Physician: ________________ **Clinic:** ________________

LMP: ________________ **Due Date:** ________________ **Gravida:** ________ **Para:** ________

Must have Ultrasound if LMP unknown ***If known from ultrasound***

IF PATIENT OVER 30 WEEKS THEY ARE NOT ACCEPTED BY THIS PROGRAM. YOU MUST DIRECTLY REFER TO PHYSICIAN

Please check applicable:

Medical/Obstetrical History:	**Current Pregnancy**	**Delivery History**
☐ I have reviewed the exclusion criteria (pg 2) and confirm this patient meets the referral guidelines for this program	If patient is over 12 weeks have they received regular prenatal care? ☐ Yes ☐ No **Current Medications:**	☐ Uncomplicated ☐ Cesarean Section ☐ VBAC ☐ Breech ☐ Preterm Labour/Birth
☐ **Relevant Social Issues**	**Investigations Done:** Ultrasound ☐ Yes ☐ No *If yes where:* ________ Prenatal Labs ☐ Yes ☐ No Genetic Testing Arranged ☐ Yes ☐ No ☐ Declined	

All clinics deliver at RDRH, check preferred clinic(s) *Subject to availability.*
Patient will be contacted by accepting clinic within 1 to 2 weeks of referral.

☐ First Available

☐ Clearview Medical & Walk In Clinic ☐ Piper Creek Medical Clinic ☐ Saint Mary Family & Walk In Clinic ☐ Horizon Family Medicine **Red Deer**

☐ Parkland Medical Clinic ☐ Riverlands Medicine Clinic

☐ Horizon Family Medicine **Sylvan Lake** ☐ Sylvan Family Health ☐ Innisfail Medical Clinic

UPON REVIEW OF REFERRAL, COMPLETE AND RETURN BY FAX TO BOTH

1. **Red Deer PCN at 403.343.9580 and**
2. **Referring Clinic ________________**

Low Risk Maternity Clinic ____
(Clinic Name)

☐ **Accepted** ☐ **Declined** ***Reason:*** ____
This Information enables the RDPCN to understand your referral criteria

See page 2.....

We are collecting this information according to the requirements specified in the Health Information Act (HIA) of Alberta, sections 27 (1)(a), (g)

Clinical Reference

If patient has any of the following medical or gynecological history, they are not accepted by the Low Risk Maternity Program. Refer directly to an obstetrician.

Medical History (LRMC does **NOT** accept)

- ☐ Cardiac Disease *(including Hypertension)*
- ☐ Renal Disease
- ☐ Pre-existing Diabetes
- ☐ Bleeding or Clotting disorders
- ☐ Seizure disorders
- ☐ Methadone, prescription narcotic use
- ☐ Chronic Infections (HIV, Hep C, Hep B, Syphilis)
- ☐ Obesity (BMI>45)
- ☐ Age > 45
- ☐ Abuse of substances such as alcohol and street drugs
- ☐ Chronic medical
  (Epilepsy, severe asthma, lupus, organ transplants, current cancer, uncontrolled inflammatory bowel disease, bariatric surgery)

Obstetrical / Gynecological History (LRMC does **NOT** accept)

- ☐ Known multiples *(current pregnancy)*
- ☐ Second trimester loss
- ☐ Recurrent Subsequent miscarriage >3
- ☐ Preterm birth < than 36 weeks
- ☐ HELLP syndrome or Eclampsia
- ☐ Stillbirth or Neonatal Death
- ☐ Major Uterine surgery
- ☐ Uterine structural abnormality
- ☐ Significant post partum hemorrhage requiring transfusion
- ☐ Significant antenatal hemorrhage
- ☐ Gestational Diabetes requiring insulin
- ☐ Baby with congenital abnormality *(Structural or Chromosomal)*
- ☐ Rhesus isoimmunisation or other significant blood group antibody

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