

PRENATAL REFERRAL FORM

PLEASE COMPLETE IN FULL AND PRINT CLEARLY



IMPORTANT: TO ENSURE TIMELY PROCESSING, PLEASE FAX COMPLETED REFERRAL FORM AND ALL AVAILABLE RECORDS (SEE BELOW) TO 250-727-4295

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| 1. ALL obstetrical ultrasound(s) done in this pregnancy | 4. Blood type report from Canadian Blood Services |
| 2. Any prenatal screening results (i.e. quad screen, NT, etc) | 5. Hematology panel, any thalassemia investigations |
| 3. Prenatal sheets (Antenatal Record Part 1 & 2) | 6. Any relevant consultations and other reports |

**** The patient and/or referring professional will be notified by the Genetics Clinic of arrangements. ****

PATIENT'S NAME (SURNAME, FIRST, MIDDLE):		OTHER NAME:		DOB: (YY/MM/DD)	MRN#:
PHN:	MAIDEN NAME:	AGE:	ETHNIC ORIGIN:	MEDICAL GENETICS#:	
ADDRESS:			HOME PHONE #:	WORK PHONE #:	
CITY:			POSTAL CODE:	ALTERNATE PHONE #:	
PARTNER'S NAME (SURNAME, FIRST):		PHN:	DOB: (YY/MM/DD)	ETHNIC ORIGIN:	

LMP:	BLOOD TYPE:	MULTIPLE GESTATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	G:	T:	P:	SA:	TA:	L:
<u>DATING</u> SCAN DONE?: <input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE BELOW)			<u>DETAILED</u> SCAN DONE / BOOKED?: <input type="checkbox"/> NO <input type="checkbox"/> YES (COMPLETE BELOW)					
DATE:		LOCATION:	DATE:		LOCATION:			

REASON FOR REFERRAL & RELEVANT CLINICAL/ FAMILY HISTORY:

 **IMPORTANT – PLEASE COMPLETE BELOW:**

Does this patient require an interpreter?	<input type="checkbox"/> NO <input type="checkbox"/> YES → Which language?
Has the family previously been seen in Medical Genetics?	<input type="checkbox"/> NO <input type="checkbox"/> YES → Name of relative, and Program/City where seen?
Prenatal screening (i.e. quad screen, NT, etc) done?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> RESULTS PENDING <input type="checkbox"/> DECLINED

REFERRING DOCTOR/MIDWIFE:	* PERSON TO CONTACT IN YOUR OFFICE: _____ ADDRESS (STREET, CITY, POSTAL CODE):	PHONE #:	
MSP BILLING #:		FAX #:	
OTHER DOCTOR:	MSP BILLING #:	PHONE #:	FAX #: