Health PEI

Provincial Obstetrical Referral Form

Please identify intended group or recipient prior to sending referral:

Charlottetown Area Obstetrics	□ **OB Group Charlottetown** The Mount, 143 Mount Edward Rd, 3rd Floor, North Entrance, Charlottetown, PE C1A 5T1	**Office**: 902-629-8801 **Fax:** 902-629-8826 ***Please page the on-call OBS at QEH if immediate consultation required***	**Please send no later than 28 weeks for expected first visit with OBS at 34 weeks**
Summerside Area Obstetrics	**OB Group Summerside** Access to this group is now available through a central referral process ***Please page the on-call OBS @ PCH if immediate consultation required***	The **Summerside Obstetrical Referral Form** is in the **EMR** and for those not on EMR the form is on **HPEI Staff Resource Centre** https://src.healthpei.ca/physicians Click on link and go to **Forms** and click on **Obstetrical Referral Form Summerside** **Fax**: 902-288-1512 **Email**: summersideobsgynereferrals@ihis.org	
Summerside Area Family Medicine (Low Risk)	□ **Dr. Heather Austin** 155 Industrial Crescent, Summerside, PE C1N 5N6	**Office***:* 902-724-3425 **Fax:** 833-333-1571 or 902-724-3424	**Please send at any time during pregnancy**
	□ **Dr. Erin Dwyer** 155 Industrial Crescent, Summerside, PE C1N 5N6	**Office:** 902-888-3420 **Fax:** 833-693-0569 or 902-724-3424	

Complete (print) in Full:

Patient's Full Legal Name: Last_____First_____Middle_____

Personal Health Number:_____DOB*: YYYY/MM/DD*_____

Address: Street:_____City:_____Province:_____Postal Code:_____

Home Phone #:_____Alternate Phone #:_____E-mail address:_____

Primary Language: _____ Interpreter required: Yes ☐ No ☐

Reason for Referral:

Age at Referral:				Age at EDC:				Date of earliest Ultrasound (*YYYY/MM/DD*): Gestational Age at earliest ultrasound:	
LMP: (*YYYY/MM/DD*) Regular Cycle: Y ☐ N ☐				Best EDC? (*YYYY/MM/DD*):					
P	T	SA	TA	Prem	IUGR	NND	L	Multiple Gestation? If yes:	Twins ☐ Triplets ☐ Other:

Referring HCP (print name):	**Phone:**	**Fax:**
Name of Primary Care Provider (if not referral source):	**Phone:**	**Fax:**

Referring HCP Signature: _____ **Date (*YYYY/MM/DD*):** _____

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Criteria or Indicators for Early Referral to OBS

Consider a consultation for pre-pregnancy planning and/or an early referral with individuals with pre-existing conditions requiring treatment prior to pregnancy such as:	Individuals who have experienced any of the following in previous pregnancies may require a referral to OBS:	Individuals with the following conditions **in their current pregnancy** may require a referral to OBS:
• Diabetes – Type I and Type II • Chronic Hypertension • Renal disease/failure • Seizure Disorder treated on anticonvulsant medications • Significant obesity • Known parental risk factor for fetal chromosomal abnormality • Increased risk for fetal abnormality through known family or parental risk factors (i.e. CF, PKD) • Age ≥40 at EDC (If you are unsure, phone OBS for guidance)	• Recurrent miscarriage • Preterm birth • Pre-eclampsia, HELLP syndrome or eclampsia • Rhesus isoimmunization or other significant blood group antibodies • Gestational diabetes • Puerperal psychosis • Grand multiparity (given birth more than 6 times) • A stillbirth or neonatal death • A small-for-gestational-age infant (below 10th percentile) • A large-for-gestational-age infant (above 90th percentile) • Prior pregnancy affected with chromosomal, anatomic or syndromic abnormality • Uterine surgery (e.g. Caesarean section, myomectomy, cone biopsy, or LEEP) • Antenatal or postpartum hemorrhage • Other conditions determined by the care provider	• Cardiac disease including hypertension • Renal disease • Endocrine disorders or diabetes: ▪ Type I ▪ Type II Diabetes Mellitus, or ▪ A diagnosis of gestational diabetes should be referred as per CPG • Psychiatric disorders (are they well managed; on medication) • Hematological disorders • Autoimmune disorders • Pharmacological therapy (anti-depressants, anti-convulsants, Methadone etc.) • History of infertility of assisted reproductive technology (IVF pregnancy) • Multiple gestation • Pre-eclampsia • Teratogenic risk by infection or class D drug • Screen positive first trimester MST