Alberta Health Services

Healthy Beginnings Antenatal Referral and Admission

To confirm fax numbers and other clinic information visit
www.albertareferraldirectory.ca and search for Healthy Beginnings Antenatal

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

Address	Postal Code	Phone
Obstetrician	Responsible Physician	

G	T	P	A	L	EDC	Gestational Age

Significant Obstetrical and Medical History	Medications *(name, dose, route, frequency)*
Diabetes ☐ Yes ☐ No	Betamethasone given ☐ Yes ☐ No

Reason for Referral

☐ APH ☐ Previa	☐ Preterm Labour	☐ Multifetal Gestation	☐ PPROM	Hypertension ☐ Pre-existing ☐ Gestational	☐ Reduced Placental Function	☐ ICP
Initial date of bleed Last date of bleed Number of bleeds Previa: ☐ Complete ☐ Partial Bleeding resolved 48 hours ☐ Yes	Cervix Length Dilation Pessary ☐ Yes ☐ No	Twins ☐Mono/mono ☐Mono/Di ☐Di/Di ☐Triplets	Date of rupture AFI: Antibiotics ☐ No ☐ Yes Stable Cephalic Lie ☐ Yes	2 BP's greater than 140/90 6 hours apart required for admission 1st BP 2nd BP Proteinuria Platelets Last lab work done Date	☐ Oligohydramnios AFI: End Diastolic Flow ☐ Elevated ☐ Absent ☐ IUGR Growth percentile:	Bile Acids

Physician Orders *(please fill out and sign physician orders sheet)*
Social Concerns/Comments

Referred from ☐ Hospital/Unit Number	☐ Physician's Office

Signature Referring RN	Signature Healthy Beginnings RN	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*