

Affix patient label within this box

Obstetrics and Gynecology Referral (Foothills Medical Centre Women's Health Ambulatory Care)

Important – Please note that patients without Alberta Healthcare could incur facility and physician fees

Submit completed referral by **fax** to 403-944-5094 **call** 403-944-1680 for inquiries. For more information visit – www.albertahealthservices.ca/services/page13681.aspx

Date (yyyy-Mon-dd)				
Patient Information				
First Name		Last Name		Phone
Address		Postal Code	Personal Healthcare Number	
City		Province	Date of Birth (yyyy-Mon-dd)	
Language Barrier (if yes, please specify)			Special Needs (e.g. wheelchair)	
<input type="checkbox"/> Gynecology				
Please indicate which of the following investigations and results are included:				
<input type="checkbox"/> Reason for Referral <input type="checkbox"/> Patient History <input type="checkbox"/> Relevant Blood Work <input type="checkbox"/> Relevant Ultrasounds				
<input type="checkbox"/> Obstetrics				
<input type="checkbox"/> Consult	EDD	LMP	G	P
<input type="checkbox"/> Referral				
Previous Caesarean Birth				
<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate date and attach operative report – Date (yyyy-Mon-dd) _____				
Please ensure the following have been completed:				
<input type="checkbox"/> Labs – CBC, Ferritin, TSH, Urine, C&S, and R&M <input type="checkbox"/> Prenatal Testing Panel – ABO, Rh, RPR, Rubella, HepB, HIV, Varicella <input type="checkbox"/> Chlamydia and Gonorrhea <input type="checkbox"/> Obstetrical Ultrasound				
For referrals after 28 weeks ensure the following are also included:				
<input type="checkbox"/> 18 week Ultrasound <input type="checkbox"/> 26 weeks – repeat ABO if Rh neg, gestational diabetes screen, CBC <input type="checkbox"/> 28 weeks – WinRho (Rhogam) if Rh neg				
Referring Physician				
Name		Phone		Stamp
Address		Practice ID		
		Fax		