



CAMROSE | BASHAW | DAYSLAND
FORESTBURG | HARDISTY

Last Name _____ First Name _____
PIN _____ Gender _____
Address _____
DOB _____ Home Phone _____
Work Phone _____ Cell _____

**Obstetrics - Prenatal Clinic
Referral Form**

Phone: 780.608.4927
Fax: 780.608.4931

Date of Referral _____ Referral Physician _____

Family Physician _____ Phone _____ Fax _____

(If patient is under the age of 18, please include parent/guardian name and phone number): Name _____ Phone _____

G _____ P _____ LMP _____

Prenatal Clinic Referral – upon confirmation of pregnancy – either home or lab
*(pt may also self-refer by calling 780.608.4927)

Prenatal Clinic Referral 16-24wks gestation – include the following:

- Referral letter
- Alberta Prenatal Record (Complete Pages 1 and 2)
- Provincial prenatal lab results for:
 - Syphilis
 - Rubella
 - Varicella
 - Hepatitis B Surface
 - HIV
- TSH, CBC, urine culture results
- PAP, BV, Chlamydia and Gonorrhea results
- Dating ultrasound results
- Genetic screening results (if applicable)
- Anomaly scan results/request with date of scheduled appt.
- GDS/CBC/Rhogam requisitions **if referred after 22wks gestation**

Pregnancy Loss Support (follow up phone call) – please describe specific concerns:
*(pt may also self-refer by calling 780.608.4927)