



20580 Lougheed Hwy
Maple Ridge, BC, V2X 2P8
Tel: 604.460.4444
Fax: 604.460.0044

NEW PATIENT REFERRAL

Please refer your patient to us as early as possible (i.e. after you receive the dating U/S and 1st trimester labwork.)

Please **DO NOT REFER** your patient to us if:

- A) You have referred your patient to a Midwifery group or an Obstetrician **OR**
B) Your patient lives outside the Mission/Maple Ridge/Pitt Meadows/Port Coquitlam region.

Date of Referral:

Referring Information:

Referring Physician:

MSP#:

Telephone:

Fax:

Family Physician (*if different*):

MSP#:

Patient Information:

First Name:

Last Name:

DOB: (dd/mm/yyyy)

PHN#:

Tel:

Email:

Address:

Medical/Obstetrical Information:

LMP: (dd/mm/yyyy)

EDD: (dd/mm/yyyy)

G: P: SA: TA: L:

Height: (e.g. 1.75 m)

Weight: (e.g. 65kg)

BMI:

Medications:

Past Medical History:

Additional Comments:

Obstetric History:

Does your patient have any of the following?

Yes No

- ☐ ☐ Pre-pregnancy Diabetes
- ☐ ☐ Obesity (pre-pregnancy BMI > 40)
- ☐ ☐ History of Seizures
- ☐ ☐ Previous high-risk complication in pregnancy
(stillbirth, recurrent pre-term birth, previous cerclage)
- ☐ ☐ Pre-pregnancy Hypertension
- ☐ ☐ Age greater than or equal to 45
- ☐ ☐ Inflammatory bowel disease
- ☐ ☐ Autoimmune disease

Yes No

- ☐ ☐ Heart disease (MI/CAD, congenital defect)
- ☐ ☐ Twin Pregnancy
- ☐ ☐ Current Substance Use
- ☐ ☐ Psychiatric condition requiring
>2 psychiatric medications
- ☐ ☐ Patient in an organ recipient
- ☐ ☐ Fetus has congenital anomalies
requiring delivery at BCWH
- ☐ ☐ Patient plans to deliver anywhere
other than Ridge Meadows Hospital

Patient Documentation:**PART 1***Check the box to indicate information has been included*

Note: If any of the following items are missing for the applicable gestational age, your patient's booking WILL BE SIGNIFICANTLY DELAYED and possibly rejected

Please copy (cc) to RMMC on all labs and imaging.

Attached	Ordered	RMCC cc'd	For ALL Patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood type / Ab Screen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsaAg, HIV, Syphilis, Rubella Titre
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBC, TSH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hep C and VZV serology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine C&S, Urine Chlamydia & Gonorrhea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thalassemia screening (EXCEPT those who are Japanese, Korean, Northern European Caucasian, First Nations or Inuit)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIPS / IPS / QUAD / NIPT genetic tests
For patients at 7-14 weeks			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dating ultrasound (if dating scan shows <7 weeks, please repeat dating scan)
For patients at 18-22 weeks			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Detailed ultrasound
For patients at 24-28 weeks			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBC, 1 hr Gestational Diabetes screen, repeat Blood type/Ab screen (if Rh neg/unknown)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Rh negative - WinRho 1500 IU IM at 28 weeks
For patients > 25 years old			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Most current pap test / cervical screen
For patients ≥ 35 years old at delivery			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Ultrasound (Please order for 11-13+6 weeks gestational age)

Is your patient eligible to start ASA 81 mg daily (see criteria below)?

☐ YES

☐ No

Is your patient eligible to start Progesterone (see criteria below)?

☐ YES

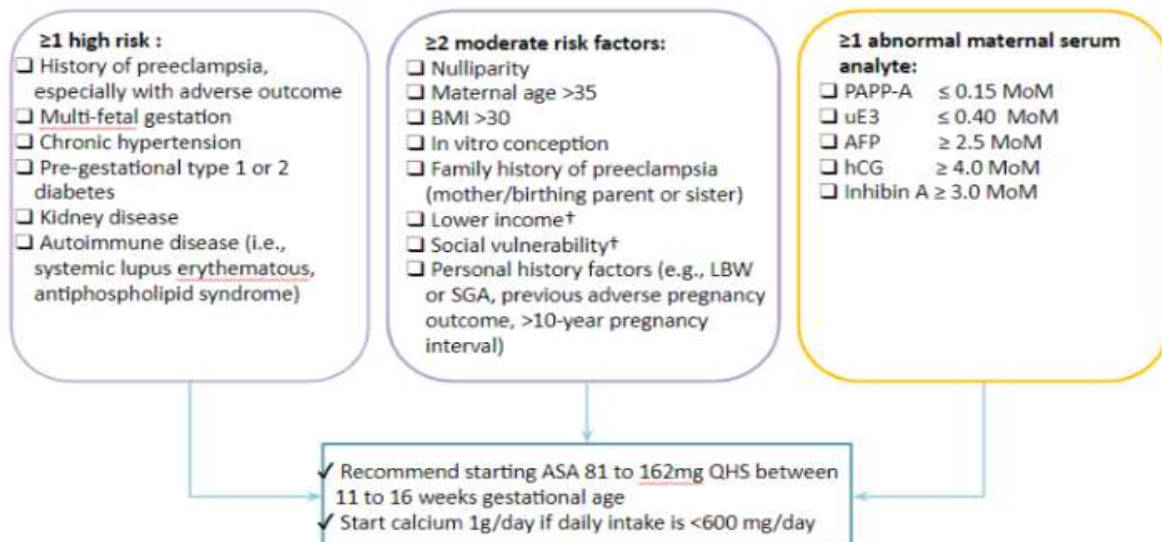
☐ No

Indications to start Aspirin 81 MG Daily in Pregnancy

Please see guidelines below which indicates criteria for when to start Aspirin in pregnancy. Aspirin should be started between 11-16 weeks gestational age.

Aspirin should be continued until gestational age 36 weeks.

Figure 1. BC Provincial OBIM and MFM Checklist for low dose ASA for preeclampsia prevention^c



[†] USPTSF specifies that increased risks are due to environmental, social and historical inequities shaping health exposures, access to health care, and the unequal distribution of resources, not biological propensities

LBW, low birth weight; SGA, small for gestational age

c. Davidson KW, Barry MJ, Mangione CM, Cabana M, Caughey AB, Davis EM, Donahue KE, Doubeni CA, Kubik M, Li L, Ogedegbe G. Aspirin use to prevent preeclampsia and related morbidity and mortality: US Preventive Services Task Force recommendation statement. *Jama*. 2021 Sep;326(12):1186-91.

Progesterone Therapy for Prevention of Preterm Birth

Who?

- History of previous spontaneous preterm birth, **OR**
- Short cervical length (≤25mm by transvaginal ultrasound between 16 and 24 weeks).

When?

- Start from 16-24 weeks, depending on when the risk factor is identified
- End at 36 weeks.

How Much?

- Vaginal micronized progesterone in a daily dose of 200 mg (inserted at bedtime)

**Your patient will be contacted with an appointment directly.
Please continue to care for your patient until they receive an appointment.**