BC WOMEN'S HOSPITAL & HEALTH CENTRE
An agency of the Provincial Health Services Authority

Diagnostic Ambulatory Program
Prenatal Procedures Unit
Tel (604) 875-2814
Fax (604) 875-2095

PLEASE COMPLETE IN FULL AND FAX

REFERRAL FORM

☐ **C.V.S.** (Chorionic Villus Sampling) (10 ½ – 13 wks gestation) ☐ **Amniocentesis** (15 ½ – 21 wks gestation)

I have counselled the patient about her screen results and she would like to proceed with a prenatal procedure. _____ (MD/RM initials) *If patient requires further counselling, please refer to Medical Genetics.*

Referral Criteria:

- ☐ Maternal age (egg age) 40 or greater
- ☐ Multiple gestations maternal age 35 or greater
- ☐ NT measurement greater than 3 mm
- ☐ Previous Trisomy 13, 18, 21 declining Med Gen counselling
- ☐ ICSI Pregnancy
- ☐ Positive Screening test (positive for Tri 21 must have dating ultrasound to confirm dates)
- ☐ Other: _____

Documents to be faxed with this form to complete the referral:

- Blood Type Report (drawn during this pregnancy – if RH negative, must be from Canadian Blood Services, otherwise can be from any North American Lab)
- All Obstetrical Ultrasound Reports of current pregnancy (*dating scan is mandatory for out of town patients)*
- Antenatal Record Part I & II
- Screening Reports if done (NT, IPS, SIPS, QUAD)
- For CVS referral also send Cervical Swab report for gonorrhea and Chlamydia

Date Referred:	Gestational Age on Referral :
Additional risk factors: i.e. Hx of Genetic Disorder; Drug Exposure, etc.	
On anticoagulant: yes / no	Other Rx:

Patient's Name:				
Address:				
Tel: Home		Work		Cellular
PHN	DOB:__/___/____ DD/MMM/YYYY	BCWH Unit #		Age at EDC:
Ref. Dr/RM		MSP #	Tel:	Fax:
Other Dr/RM		MSP #	Tel:	Fax:

LMP:	**EDC:**	Are menstrual cycles regular? Yes/No _____ Days	
Dating Ultrasound: Date:		Location:	
CRL:	BPD:	Gestational Age:	**Blood Type: Pos / Neg**
Does patient require an interpreter? Yes/No		If yes, Language: Ref #	
Person to contact in your office to inform appointment: Name:		Direct Line:	

** *If you do not receive an appointment within 2 working days, please call to confirm we have received your referral***