LANGLEY MATERNITY CLINIC

REFERRAL REQUEST

Please **DO NOT REFER** your patient to us if:
A) You have referred your patient to an Obstetrician OR
B) You have indicated YES to any of the OBSTETRIC INFORMATION section conditions below.
Please note that preference will be given to patients who live in Langley, Aldergrove, Cloverdale or Clayton areas. Patients who live outside these areas may be redirected to the maternity clinic closest to them.

Please refer your patient to us as early as possible in the pregnancy (i.e. as soon as they have a positive pregnancy test)

PATIENT INFORMATION - PLEASE COMPLETE IN FULL

Last Name

First Name(s)

Date Of Birth (dd/mm/yyyy)

PHN

Address

City

Postal code

Email

Phone

Interpreter Required? **Yes** ☐ **No** ☐

If Yes, state Language

English-speaking Contact's Name

English-speaking Contact's Phone

REFERRAL INFORMATION - PLEASE COMPLETE IN FULL

Referring Care Practitioner

MSP

Today's Date (dd/mm/yyyy)

Phone

Address

Fax

City

Postal code

Is the referring care practitioner the patient's Most Responsible Provider (MRP)? **Yes** ☐ **No** ☐

If no, the MRP is

MRP's Clinic Name

Phone: 604.514.6151

Completed referral forms can be FAXED to 604.514.6152 or placed in the Langley Maternity Clinic box at:
Langley Memorial Hospital, 22051 Fraser Highway, Langley, BC V3A 4H4.

Office Hours: Monday to Friday, 9 am - 4 pm
(closed between 12pm and 1pm daily)

Thank you for your referral to Langley Maternity Clinic

LANGLEY MATERNITY CLINIC

Please refer your patient to us as early as possible in the pregnancy (i.e. as soon as they have a positive pregnancy test)

OBSTETRICS INFORMATION - PLEASE COMPLETE IN FULL

Does your patient have any of the following?

YES	NO		YES	NO	
☐	☐	Age greater or equal to 45	☐	☐	Patient is an organ recipient
☐	☐	Obesity (pre-pregnancy BMI > 50	☐	☐	Heart Disease (MI/CAD, congenital heart defect)
☐	☐	Inflammatory bowel disease	☐	☐	Twin pregnancy
☐	☐	Previous high-risk complication in pregnancy (stillbirth, recurrent pre-term birth, previous cerclage)	☐	☐	Patient plans to deliver anywhere other than Langley Memorial Hospital
☐	☐	History of Seizures	☐	☐	Fetus has congenital anomalies requiring delivery at BCWH
☐	☐	Pre-pregnancy Diabetes	☐	☐	Psychiatric condition requiring > 2 psychiatric medications
☐	☐	Pre-pregnancy Hypertension	☐	☐	Autoimmune disease

If you answered YES to any of the above, your referral WILL NOT BE ACCEPTED at the LMC. Please refer your patient to an Obstetrician because the pregnancy is considered high-risk.

MEDICAL INFORMATION - PLEASE COMPLETE IN FULL

LMP (dd/mm/yyyy)	**EDD (dd/mm/yyyy)**
Height (in metres)	**Weight (in Kg)**
BMI	**G T P A L**
Medications	**Past Medical History**

Additional Comments

Thank you for your referral to Langley Maternity Clinic

LANGLEY MATERNITY CLINIC

Please refer your patient to us as early as possible in the pregnancy (i.e. as soon as they have a positive pregnancy test)

PATIENT DOCUMENTATION

Please check the box to indicate information that has been included.
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) the Langley Maternity Clinic (LMC) on all labs and imaging.

Attached	or	Ordered	LMC cc'd	
				For ALL patients
☐		☐	☐	Blood type / Ab screen
☐		☐	☐	CBC, Ferritin, B12, TSH
☐		☐	☐	HBsAg, HIV, Syphilis, Rubella Titre
☐		☐	☐	Hep C and VZV serology
☐		☐	☐	Urine Culture & Sensitivity
☐		☐	☐	Thalassemia screening (EXCEPT those who are Japanese, Korean, Northern European Caucasian, First Nations or Inuit)
☐		☐	☐	Urine or vaginal/cervical swab for Chlamydia and Gonorrhea NAT
☐		☐	☐	SIPS / IPS / QUAD / NIPT genetic tests
				For patients at 7 - 14 weeks
☐		☐	☐	Dating ultrasound (if dating scan shows < 7 weeks, please repeat dating scan)
				For patients at 18 - 22 weeks
☐		☐	☐	Detailed ultrasound
				For patients over 24 weeks - 28 weeks:
☐		☐	☐	CBC, 1 hr GTT, B12, ferritin, repeat Blood type / Ab screen (If Rh neg / unknown, must collect before rhogam)
☐		☐	☐	Rhogam 300 mcg IM at 28 weeks (if Rh negative)
				For patients ≥ 35 years old at delivery
☐		☐	☐	NT ultrasound (Please order for 11-13+6 weeks gestational age)

Please give patient all requisitions for the 1st and 2nd trimester labs.

Please continue to see your patient for routine pregnancy visits until they are seen at our clinic.

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 ☐

Phone: 604.514.6151

Completed referral forms can be FAXED to 604.514.6152 or placed in the Langley Maternity Clinic box at:
Langley Memorial Hospital, 22051 Fraser Highway, Langley, BC V3A 4H4.

Office Hours: Monday to Friday, 9 am - 4 pm
(closed between 12pm and 1pm daily)

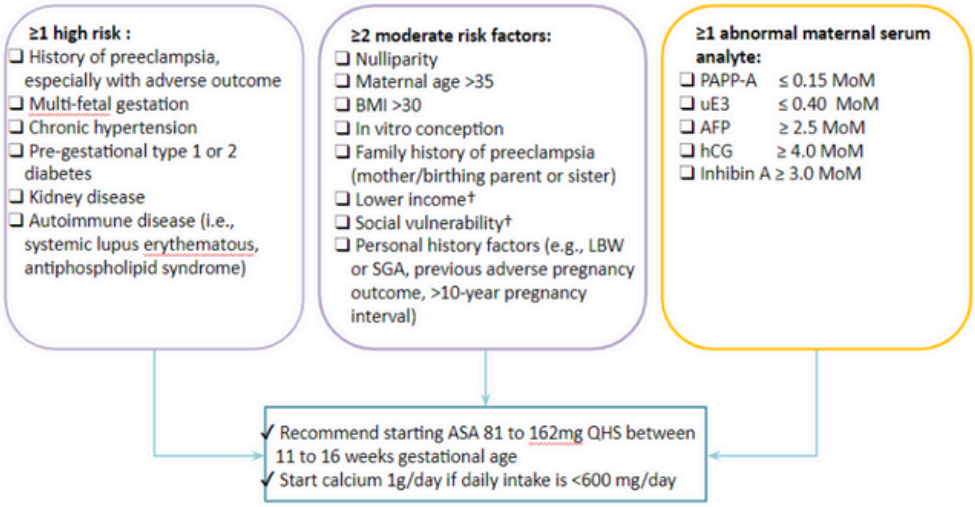
Thank you for your referral to Langley Maternity Clinic

LANGLEY MATERNITY CLINIC

Please refer your patient to us as early as possible in the pregnancy (i.e. as soon as they have a positive pregnancy test)

INDICATIONS TO START ASPIRIN 81 MG DAILY IN PREGNANCY

Please see guideline below which indicates criteria for when to start Aspirin in pregnancy. Aspirin should be started between 11-16 weeks gestational age, however can be started up to 24 weeks. Aspirin should be continued until gestational age 36 weeks.



† 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 (≤25 mm by transvaginal ultrasound between 16 and 24 weeks).

WHEN?

- Start from 16 - 24 weeks, depending on when the risk factor is identified
- End between 34 - 36 weeks

HOW MUCH?

- Vaginal micronized progesterone in a daily dose of 200 mg

Phone: 604.514.6151

Completed referral forms can be FAXED to 604.514.6152 or placed in the Langley Maternity Clinic box at:
Langley Memorial Hospital, 22051 Fraser Highway, Langley, BC V3A 4H4.

Office Hours: Monday to Friday, 9 am - 4 pm
(closed between 12pm and 1pm daily)

Thank you for your referral to Langley Maternity Clinic