

PATIENT REFERRAL FORM

*Referring provider is responsible for ongoing prenatal care. PAS Clinic is consulting only for Accreta and required management.

<p>Referring Provider:</p> <p>Referral Date: <input type="text"/> DD/MM/YYYY</p> <p>Provider Name: <input type="text"/></p> <p>Provider MSP/Billing #: <input type="text"/></p> <p>Provider Phone #: <input type="text"/></p> <p>Provider Fax #: <input type="text"/></p> <p>Primary Care Provider: <input type="text"/></p>	<p>Patient Information:</p> <div style="border: 1px dashed black; border-radius: 15px; padding: 10px;"> <p>Patient Name: <input type="text"/></p> <p>Patient Address: <input type="text"/></p> <p>Patient Phone #: <input type="text"/></p> <p>Patient Health #: <input type="text"/></p> </div> <p>Interpreter Required? <input type="text"/> IF YES, SPECIFY LANGUAGE</p>
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Patient Information

G T P A L EDD:
Via first US > 7+0 DD/MM/YYYY
Or IVF transfer

→ REFERRAL INDICATED IF ≥1 HIGH RISK FACTOR OR ≥2 LOW RISK FACTORS PRESENT

High Risk Factors (X for those that apply)

Placenta in the region of a prior uterine incision:

- Prior lower segment c/s and placenta previa
- Prior classical or inverted T C/S and placenta previa
- Prior myomectomy reaching endometrium AND placenta implanted in area of prior scar

Risk factors for abnormal implantation without prior full thickness incision:

- Prior endometrial ablation
- History of Asherman syndrome
- Prior hysteroscopic resection of synechiae or uterine septum

Abnormal US findings in the current pregnancy:

- Features of C/S scar pregnancy in T1
- Features of PAS on routine US

History of PAS in prior pregnancy?

- Yes
- No

Low Risk Factors (X for those that apply)

- Placenta previa
- Prior retained placenta with manual removal
- Prior uterine artery embolization
- >2 intrauterine procedure (D&C, D&E, or operative hysteroscopy)

Pertinent Medical & Surgical History

Additional Comments

Please ensure the following are included:

- Dating ultrasound
- Completed patient referral form
- Antenatal record
- Prenatal bloodwork including:
 - CBC
 - Ferritin
 - Prenatal infectious serologies
 - Prenatal genetic screening
 - Gestational diabetes testing
 - Blood group and Rh
- Chlamydia and gonorrhea results
- Most recent PAP results
- Any relevant delivery records/OR reports; previous CS, myomectomy
- Any imaging reports from the current pregnancy

Fax entire package to:

(604) 520 4183