

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

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| <p><b>Referring Provider:</b></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><b>Patient Information:</b></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:  DD/MM/YYYY  
Via first US > 7+0  
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 incision and anterior placenta
- 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 significant synechiae or uterine septum

#### Abnormal US findings in the current pregnancy:

- Features of PAS on routine US

#### History of PAS in prior pregnancy?

- Yes
- No

#### History of C/S scar pregnancy in T1?\*

- Yes
- No

\*We currently DO NOT manage C/S scar ectopics in the first trimester (T1). Please refer to Vancouver General Hospital (VGH) as appropriate. Re-refer patients in the second trimester (T2) who have chosen to manage their C/S scar ectopic expectantly.

### Low Risk Factors (X for those that apply)

- Placenta previa
- Prior retained placenta with manual removal
- Prior uterine artery embolization
- ≥3 intrauterine procedures (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**