PATIENT REFERRAL INSTRUCTIONS

pasclinic
Placenta Accreta Spectrum Clinic

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

Referring Provider:

Referral Date: _____ DD/MM/YYYY

Provider Name: _____
Provider MSP/Billing #: _____
Provider Phone #: _____
Provider Fax #: _____
Primary Care Provider: _____

Patient Information:

Patient Name: _____
Patient Address: _____
Patient Phone #: _____
Patient Health #: _____

Interpreter Required? _____ IF YES, SPECIFY LANGUAGE

Patient Information

G _____ **T** _____ **P** _____ **A** _____ **L** _____

EDD: _____ DD/MM/YYYY
Via first US > 7+0
Or IVF transfer

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

*Delivery and pathology reports required to confirm history

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.

Pertinent Medical & Surgical History

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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 4834