FAX PATIENT REFERRAL TO:
REFERRAL MANAGEMENT SERVICES
FAX: 1-855-355-1921
PHONE: 1-833-337-7770

OBSTETRICS/GYNECOLOGY REFERRAL: PROVINCIAL

PATIENT INFORMATION:	Last Name:		First Name:
Date of Birth: DD/MMM/YYYY	Age:	Address:	
City:	Prov:	PC:	HSN:
Home Phone:	Work Phone:		Cell Phone:
Requires Interpreter ☐ YES ☐ NO	Language:	Gender ☐ M ☐ F ☐ Other ☐ Undeclared	

REFERRING PRACTITIONER & CLINIC INFORMATION:

☐ Family Doctor ☐ Nurse Practitioner ☐ Specialist ☐ Midwife	Name:	Phone:
	Address:	Fax:

REFERRAL TO: ALERT – FOR EMERGENT REFERRALS CONTACT ON CALL PHYSICIAN – 866-766-6050

☐ Next Available Specialist Except Dr. _____	☐ Specific Dr. / Office _____ ☐ Out of town clinic	Site requested: ☐ Regina ☐ Moose Jaw ☐ Saskatoon ☐ Prince Albert ☐ Yorkton

REASON FOR REFERRAL: CHECK PRIMARY REASON FOR REFERRAL AND INCLUDE RELEVANT DOCUMENTATION

ALL OBSTETRICS REFERRALS REQUIRE EDC OR LMP: _____

Prenatal Care ***Please Note:***	☐ Low Risk (Shared Care) ***If appropriate and available, low risk prenatal referrals may be directed to low-risk obstetrical provider***	☐ Low Risk (Transfer of Care)
High Risk Obstetrics	☐ Gestational Diabetes ☐ Est. fetal weight <10 or >90 percentile ☐ Dichorionic Twins ☐ Hypertension - pre-existing/gestational ☐ Trial of Labour After C-Section ☐ Abnormal Fetal Presentation	☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Substance Use ☐ HIV ☐ BMI >40 ☐ Other (please specify):
Maternal Fetal Medicine	☐ Alloimmunization ☐ Triplets or higher order multiples ☐ Monochorionic twins (MCDA/MCMA) ☐ Pre-conceptual counselling ☐ Complex cardiac disease (specify): ☐ Complex medical condition (specify):	☐ Abnormal umbilical artery Dopplers ☐ Congenital anomalies ☐ Abnormal Prenatal Screen/Nuchal Translucency ☐ Other (please specify):
Urgent Gynecology	☐ Abnormal Pap/High risk HPV/Colposcopy ☐ Pelvic Mass (please include size in letter) ☐ Concerning Vaginal/Vulvar/Cervical Lesion ☐ Cancer or Highly Suspicious of Cancer ☐ Menorrhagia with anemia (Hb<100) Hb: ___	☐ Post Menopausal Bleeding ☐ Severe pelvic pain – ER visits or narcotics ☐ Other (please specify):
Elective Reproductive Gynecology	☐ Contraception/Sterilization ☐ Abnormal or heavy menses – Hb: _____ ☐ Symptomatic fibroids ☐ Infertility (age <35, >1 year duration) ☐ Pediatric Gynecology (please specify): ☐ Menopausal complaints	☐ Pelvic Pain/Dyspareunia/Sexual Concerns ☐ Vaginal Discharge/Vulvar Complaints ☐ Gender care ☐ Other (please specify):
Reproductive Endocrinology and Infertility	☐ Infertility >age 35 ☐ Preimplantation genetic testing ☐ Infertility with known endometriosis ☐ Infertility with male factor concerns ☐ Previous tubal sterilization – desiring IVF ☐ Tubal Reanastamosis	☐ Recurrent pregnancy loss ☐ Fertility care LGBTQ2 ☐ Fertility preservation – elective (see p2 if cancer) ☐ Other (please specify):
Urogynecology	☐ Severe Prolapse (procidentia, erosions, etc) ☐ Prolapse, mild to moderate ☐ Urinary Incontinence/Other bladder concerns	☐ Obstetric Anal Sphincter Injury ☐ Other (please specify):

PLEASE COMPLETE PAGE 2 OF REFERRAL FORM

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For Triage Purposes: provide a referral letter (below or attached) with detailed information explaining patient complexity and comorbidities and attach previous specialist consults, labs, imaging, prenatal records, etc. Physical exam findings are especially important for triaging lesions and must be included.

Pooled Referral Information: Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improve the patient experience.	Physician Signature:	**Redirecting Specialist** *(Specialist Use Only):* ☐ Pooled ☐ Specific Dr._____
	Date:	Date:

First trimester bleeding/cramping

Saskatoon: Refer to Early pregnancy program – see referral form
Regina: Refer to Early Pregnancy Assessment Clinic – fax: 306-766-4124
Regional centers: Refer to OBGYN on call if urgent consult required

Obstetrical Considerations

Prenatal referrals (all centers)
Include with referral:

-prenatal records, ultrasound reports, labs (CBC, Type and screen, prenatal panel, Chlamydia, Gonorrhea, Ferritin, TSH, urine culture, etc)
-aneuploidy screening
-most recent pap smear
-previous specialist reports/consults
-previous operative reports
- *Due date or LMP must be included*

Conditions warranting a phone call to the on-call physician:

Blood pressure greater than 160/100
Ultrasound report of umbilical artery Dopplers with absent or end diastolic flow
Ultrasound report of BPP <6/8
Ultrasound report of IUGR <5st centile
Cervical length <2.5cm
Ectopic pregnancy
Molar pregnancy

Pregnancy termination care

Saskatoon: Patient is to self-refer – call 306-655-7637
Regina: Patient is to self-refer – call 306-766-0586
Prince Albert: Only Medical terminations up to 10 weeks; otherwise refer to Saskatoon Early Pregnancy Program

Gynecologic Oncology

make referrals directly to Sask Cancer Agency

Gynecologic Considerations

Menorrhagia (all centers)
Please include most recent hemoglobin, ferritin, imaging reports, and pap smear

Pelvic masses (all centers)
Please include dimensions and/or imaging reports

Abnormal pap results, high risk HPV and other colposcopic requests (all centers)
Please include pap result, pertinent lab and pathology reports and previous colposcopic reports if applicable

Incontinence and prolapse consider referral to Pelvic Floor Pathway (referral form SHA 0260)
Saskatoon: fax #306-655-7918
Regina: fax # 306-766-7551

Fertility preservation for cancer patients (all centers)
Call Aurora fertility clinic directly at 306-653-5222