



WEST GROVE

MATERNITY

201- 505 Queen Street, Spruce Grove, AB
Phone: 780-962-9888 Fax: 780-960-5298

PATIENT INFORMATION

Patient EDC: _____
G: _____ P: _____ A: _____
Current Gestational Age: _____
Prior C-Sections: Yes No
Blood Pressure: _____
Pre-Pregnancy BMI: _____
Pre-existing Diabetes: Yes No

EXCLUSION CRITERIA

- TWIN OR HIGHER ORDER PREGNANCY PRE-EXISTING HYPERTENSION OR DIABETES
 BMI >50 TWO OR MORE PRIOR C-SECTIONS

CHART CHECKLIST

As appropriate per gestational age

- Prenatal Record Blood Type Serologies Dating Ultrasound (required)
 Anatomy Ultrasound (Required) Genetic Screening (NT or NIPS)
 Diabetes Testing Prior Delivery Records or C-Section Reports

PAST MEDICAL HISTORY

PHHx: _____ Healthy
PSHx: _____ None
Allergies: _____ NKDA
Medications: _____ None

Referring Physician

Physician Name: _____
Clinic: _____
Prac ID: _____
Phone: _____ Fax: _____

PLEASE NOTE: Referral will not be accepted without a dating ultrasound attached. Thank you.



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Please ensure you order the following when initiating the referral and forward copies with your referral request.

- CBC
- Ferritin
- Urinalysis
- Urine for Chlamydia and Gonorrhea
- Urine C&S
- Alberta Government Lab form: Initial Screening for Pregnant Women (for ABO Rh status, HIV Syphilis, Hepatitis B, Rubella and Varicella immunity)
- Early Dating Ultrasound between 8-10 weeks for GA
- Nuchal Translucency if the patient desires between 11-14 weeks GA
- Anatomy Scan booked for 18-22 weeks (unless they have been referred to us earlier than this, in which case we will arrange).