

**OBSTETRICS/GYNECOLOGIST REFERRAL: PRINCE ALBERT**

<b>PATIENT INFORMATION:</b>		Last Name:	First Name:
Date of Birth: DD/MM/YY	Address:		
City:	Prov:	PC:	HSN:
Home Phone:	Work Phone:	Cell Phone:	
<b>REFERRING PRACTITIONER &amp; CLINIC INFORMATION:</b>			
<input type="checkbox"/> Family Doctor	Name:		
<input type="checkbox"/> Nurse Practitioner	Address:		
<input type="checkbox"/> Specialist	Phone:		
<input type="checkbox"/> Midwife	Fax:		
<b>REFERRAL TO:</b>		<b>PREVIOUSLY SEEN BY:</b>	
<input type="checkbox"/> Next Available Obstetrician Gynecologist Except Dr. _____		_____	
<input type="checkbox"/> Specific Dr. _____			
<b>REASON FOR REFERRAL:</b> CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION – DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.			
<b>ALL OBSTETRICAL REFERRALS REQUIRE EDD:</b> DD/MM/YY			
<b>Prenatal Care</b>	<input type="checkbox"/> Low Risk (Shared Care)	<input type="checkbox"/> Low Risk (Transfer of Obstetrical Care)	
<b>High Risk Obstetrics</b>	<input type="checkbox"/> Twins	<input type="checkbox"/> Hypertension	
	<input type="checkbox"/> Higher Order Multiple Gestation ( <b>Refer to Saskatoon Only</b> )	<input type="checkbox"/> Gestational Diabetes	
	<input type="checkbox"/> Abnormal Prenatal Screen	<input type="checkbox"/> Pre-Existing Diabetes ( <b>Refer DM1 to Saskatoon Only</b> )	
	<input type="checkbox"/> Congenital Anomalies	<input type="checkbox"/> HIV Pregnancy	
	<input type="checkbox"/> Medical Disease in Pregnancy Specify:	<input type="checkbox"/> High Risk Other:	
	<input type="checkbox"/> Substance Abuse in Pregnancy	<input type="checkbox"/> Intrauterine Growth Restriction	
<b>Urgent Gynecology</b>	<input type="checkbox"/> Abnormal Pap / Colposcopy (Pap smear results)	<input type="checkbox"/> Infertility ( >35 Years of Age)	
	<input type="checkbox"/> Abnormal Ultrasound/Pelvic Mass	<input type="checkbox"/> Menorrhagia with Anemia Hb <100	
	<input type="checkbox"/> Concerning Vulvar/Vaginal/Cervical Lesion	<input type="checkbox"/> Post-Menopausal Bleeding	
	<input type="checkbox"/> Cancer or Highly Suspicious For Cancer	<input type="checkbox"/> Urgent Other:	
	<input type="checkbox"/> Termination of pregnancy ( <b>available in Prince Albert 9 weeks or less</b> ) Prenatal panel required: (i.e. Dating scan, group & screen, CBC, Electrolytes, Urea, Cr, LFTs and Serum BhCG)		
<b>Elective Gynecology</b>	<input type="checkbox"/> Contraceptive Advice/Sterilization	<input type="checkbox"/> Pediatric Gynecology	
	<input type="checkbox"/> Heavy/Painful/Irregular Periods/Fibroids	<input type="checkbox"/> Pelvic Pain/Dyspareunia	
	<input type="checkbox"/> Infertility Age:	<input type="checkbox"/> Urinary Incontinence/Vaginal Prolapse	
	<input type="checkbox"/> Menopausal /Sexual Complaints/Premenstrual Syndrome	<input type="checkbox"/> Vaginal Discharge/Vulvar Complaints	
	<input type="checkbox"/> Other Specify:		
<b>NOTES:</b>			
<b>POOLED REFERRAL INFORMATION:</b> Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. Specialists who choose to pool their referrals but do not share an office may use the Referral Management Service at eHealth Saskatchewan to manage the intake of patient referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.			
Physician Signature:			Date:
<b>Redirecting Specialist:</b> <input type="checkbox"/> Pooled <input type="checkbox"/> Specific Dr. _____			Date: