

PLEASE COMPLETE ALL SECTIONS.

Date of fax: ___ / ___ / 20___
day month year

Date received: ___ / ___ / 20___
day month year

Patient's name: _____

Date of birth: ___ / ___ / ___
month year

Address: _____

Phone number(s): (h) _____ (w) _____ (c) _____

MHSC: _____ PHIN: _____ Last planned visit to GP office: ___ / ___ / 20___
day month year

Abstetrical : istory: G ___ P ___ SA ___ TA ___ Previous Section ___ EDD ___ / ___ / 20___
day month year

Delivery site: SBGH ___ HSC ___ Preferred provider: Dr. _____

Internal Deferral (office use only)

Early Deferral (after initial prenatal)

Forward the following to referral office as soon as available and prior to patient's first appointment with network physician: CBC, urine C&S; prenatal test panel; recent Pap smear; chlamydia/gonorrhea tests; obstetrical ultrasounds (or date, if scheduled); up-to-date prenatal record; results of any genetic tests.

Late Deferral (initiate referral prior to 24 weeks to ensure first visit with network physician is prior to 30 weeks)

Forward the following to referral office as soon as available and prior to patient's first appointment with network physician: all tests and investigation results (as noted above); 18-week ultrasound; repeat RH, CBC, MSU; gestational DM screen at 26–28 weeks and up-to-date prenatal record.

Postpartum / Discharge Plan

The patient and I have discussed the postpartum plan. We both understand that she will be discharged from the network physician and will return to my care.

Other (select one)

I will provide care upon discharge from hospital for all postpartum issues.

FMON physician to provide care for the first postpartum visit at six weeks and then discharge patient back to my care.

Baby (select one)

I will provide care for the baby IN HOSPITAL prior to discharge after delivery.

I will provide care for the baby once discharged from hospital at 1–2 weeks.

I will provide care for the baby when the mother returns to my care at 6–8 weeks.

I will not provide care for the baby.

Other relevant medical history, information, or considerations

Referring physician: _____

Date: ___ / ___ / 20___
day month year

Submitted by: _____

Phone or email: _____

This message is intended for the use of the individual or entity to which it is addressed. The documents accompanying this transaction contain privileged confidential information intended for a specific individual and purpose. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copying this communication is strictly prohibited by law. If you have received this communication in error, please notify us immediately by (collect) telephone and return the original message to us by regular mail at the address below without making a copy. We will reimburse your postage. Thank you.

(FMON Referral Office . Kildonan Medical Centre 2300 McPhillips Winnipeg, Manitoba R2V 3M3)

REFERRAL GUIDE

FAX completed referral form and supporting documentation to 204-231-2214.

Referrals are distributed to the requested or next available FMON physician. Factors such as location, care provider in previous pregnancies, and the availability of FMON physicians are also taken into consideration.

A number of referral and postpartum options are available; see guidelines below. Be sure to indicate early or late referral and the discharge plan on the referral form. The referral office will send confirmation of assigned FMON physician to the referring office and will contact the patient within seven working days of receiving the referral.

Completion guidelines: All fields on the referral form are required fields

Preferred provider - If the referral is to a specific FMON physician, please include the physician's name. If that physician is not able to accept the referral, you will be notified and the referral will go to the next available FMON physician.

Internal referral - An internal referral is one to an FMON physician from within their own clinic or practice group. To track all FMON activity, a completed referral form is still needed; however, the supporting documentation does not have to be faxed to the referral office.

Early referral - An early referral is made prior to or immediately following the first prenatal visit and care will be assumed by the network physician for the entire pregnancy and delivery. Provide documentation as requested on the form, indicate tests ordered, and provide results to the referral office by fax when received.

Late referral - A late referral must be received by the referral office prior to 24 weeks, so that the patient is seen by the network physician by 30 weeks. Provide the information and results, as requested, to the referral office by fax.

Postpartum discharge plan - It is imperative that the patient understands they will return to your care after delivery. This part of the referral form must be completed.

Mother and baby discharge plans - Select the options appropriate to your practice and the patient. To process the referral, this part of the form must be completed. If the referring physician does not plan to provide care to the baby, the FMON physician will assist the mother with finding a physician for ongoing care of her child.

Other pertinent information - Indicate any other information that will be of assistance to the referral office and/or the FMON physician. FMON physicians deliver at either St. Boniface Hospital or Women's Pavilion, Health Sciences Centre. Please choose one location.

Submitted by - This section must be complete so the referral office will know who to contact when the referral has been processed.