Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | *À l'écoute de notre santé*

Antenatal Home Care Program
Postpartum Hypertension Referral Form

MRN:
NAME:
DOB:
MHSC#:
PHIN:
DR:

Prior to submitting referral, call Antenatal Home Care Program to check availability of space.

Phone 204-792-5463 or 204-940-2164 Fax: 204-940-2189 ☐ **AHCP called** **Date:** D D M M M Y Y Y Y

Is client aware of referral? ☐ Yes ☐ No

Hospitals: HSC: ☐ MBU ☐ LDR ☐ Triage
SBH: ☐ MCU ☐ LDR ☐ Triage

Date of Delivery: D D M M M Y Y Y Y

Date of Discharge: D D M M M Y Y Y Y

Primary Care Provider: _____

Gravida: _____ Parity: _____ Gestation on Delivery: _____

Mode of Current Delivery: _____

Is client currently residing within WRHA? ☐ Yes ☐ No

Current Address: _____

Client Phone Number: ___-___-____

Referral Reason:

1. ☐ Hypertension, preeclampsia or eclampsia in present pregnancy

   *Blood Pressure upper limit not to exceed 160/110

Assessment/Condition summary: (include vital signs, associated medical conditions)

_____

_____

Hypertensive Symptoms Present: ☐ None ☐ Headache ☐ Visual Disturbances ☐ Abdominal Pain ☐ Nausea or Vomiting ☐ Shortness of Breath

Antihypertensive Medication(s): _____

Required documents to be faxed to AHCP: ☐ Medication Reconciliation Form ☐ Prenatal Record ☐ Hospital Postpartum Referral Form

Blood Pressure Cuff Size: ☐ Regular ☐ Large

Follow-up with Primary Care Provider Date: D D M M M Y Y Y Y

Completed by:

_____ SIGNATURE

_____ PRINTED NAME AND DESIGNATION

Date: D D M M M Y Y Y Y

AHCP - Antenatal Home Care Program HSC - Health Sciences Centre LDR - Labor Delivery Recovery MBU - Mother Baby Unit MCU - Mother Child Unit SBH - St. Boniface Hospital

Explanation of Referral Guidelines:

- All patients who experienced high blood pressure antepartum, intrapartum or postpartum are eligible.
- Blood pressure upper limit not to exceed 160/110.
- The only lab criteria considered for program follow-up is confirmation of Proteinuria.

Instructions:

- Before faxing the referral, please call AHCP, phone 204-792-5463, to ensure client can be accommodated on program or to discuss any questions regarding referral form or eligibility criteria.
- Antenatal Home Care Program hours of operations **08:30 – 1630, 7 days week**.
- **After hours referrals:** fax the completed referral form to 204-940-2189, call program at 204-940-2164 and leave a message.
- Follow up with the AHCP is voluntary. Please discuss with client prior to referral.
- Patients must reside or have accommodations within the WRHA boundary.
- Complete demographic data as per referral form. Please ensure client's address and phone numbers are current.
- Include hospital Postpartum Referral with completed AHCP Postpartum Hypertension Referral Form.
- List client's discharge medication orders or fax medication reconciliation form, if available.