



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 Fax: 204-940-2189

AHCP called Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Is client aware of referral? Yes No

Date of Delivery:

D	D	M	M	M	Y	Y	Y	Y	Y

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

Date of Discharge:

D	D	M	M	M	Y	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:

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Referral Reason:

- 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	Y

Completed by:

SIGNATURE

PRINTED NAME AND DESIGNATION

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

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 204-792-5463 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.