

**PRENATAL REFERRAL REQUEST**  
**Primary Care Obstetrical Clinic - New West**  
**211-301 East Columbia Street**

Phone: 604-520-6263

Fax: 604-520-6266

<http://primarycareobclinic.net>

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**PLEASE REFER PATIENTS BEFORE 14W & WITH A DATING US**

- Patient Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Family Doctor: \_\_\_\_\_
- PHN: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_
- Patient Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Pt's LMP: \_\_\_\_\_ G \_\_\_ T \_\_\_ P \_\_\_ A \_\_\_ L \_\_\_ EDD: \_\_\_\_\_

*\*Patients Must be comfortable with both Male and Female physicians as PCOC operates as a group.*

**THE FOLLOWING BLOOD WORK SHOULD BE ORDERED AS OUTLINED**

**Conception to 12 weeks**

- Dating Ultrasound 7-14w
- ABO Rh antibodies
- Ferritin
- HB
- Urine C/S, CT, GC
- MMR Titre
- STS/RPR
- HiV
- HBsAg
- Anti Hep C
- Anti VZV
- Part One Sips

**12w-24weeks**

- NT US for pt's age 35+
- Part Two Sips 15w-20w
- 1hr 50g GTT 24-28w
  - +ABO Rh (repeat)
  - + HB (repeat)
  - + Ferritin (repeat)
- Detail Ultrasound 18-21w

**24-40 weeks**

- GBS swab at 36w
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