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Providence HEALTH CARE

ST. PAUL'S HOSPITAL
OBSTETRIC INTERNAL MEDICINE CLINIC REFERRAL

* 9 9 7 5 *

Internal Medicine Referral

Patient name: _____

PHN: _____ ☐ Male ☐ Female

DOB: _____ ☐ Other: _____
(dd/mmm/yyyy)

The Obstetric Internal Medicine Clinic provides comprehensive assessment of pregnant persons with pre-existing medical conditions and those who develop medical problems during pregnancy/postpartum. Patients can be referred for counselling and co-management with their respective maternity providers and other specialists. Pre-pregnancy consultation is also available.

DATE OF REFERRAL: _____

***All referrals will be triaged and prioritized**

Patient address: _____

City: _____ Province: _____

Postal code: _____ Email: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Mobility aids: _____ Other concerns: _____

☐ Interpreter required Language: _____

URGENCY:
☐ **Urgent** (within 1 to 2 weeks)
☐ **Non-urgent**

☐ Pregnant – gestational age at date of referral: _____ LMP or EDD: _____
☐ Pre-pregnancy
☐ Post-partum – Date of delivery: _____

G _____ P _____ ☐ singleton ☐ twins ☐ triplets

REASON FOR REFERRAL:

REFERRING PROVIDER:

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

FAMILY PHYSICIAN: ☐ Same as above

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

STAMP

*** For prompt booking, ensure all sections are fully completed.**
Please include antenatal record part I and II, medication list, maternal consult notes and relevant investigations.

FAX COMPLETED REFERRAL TO: 604-806-9057

Location: St. Paul's Hospital, Obstetric Internal Medicine Clinic
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
Phone: 604-806-8735 Extension 3

This clinic is affiliated with UBC Faculty of Medicine and for this reason clinic patients should expect their visit could include a medical student or resident.