**Patient Information**

**GTPAL Previous caesarian section?**

**EDD**

**Significant Medical or Obstetrical History:**

**Please see this patient for:**

* Complete PN care starting at \_\_\_\_ wks
* Complete PN care starting at ~24 wks
* Shared PN care until \_\_\_\_\_\_\_ weeks

**After delivery care – mother**

* I will resume care immediately
* I will resume care after 6 week postpartum visit
* **After delivery care – infant**
* I will assume care in hospital
* I will assume care immediately upon discharge
* I will assume care after 6 weeks
* I can not care for the baby

**Referral Checklist: Please ensure you have attached the following**

* Ontario Perinatal Records 1,2 and 3 or Antenatal 1 and Antenatal 2
* 1st trimester labs – CBC, blood group and screen, HIV, Hep B, Rubella, syphilis, genetic screening
* 1st trimester urine culture, Chlamydia and gonorrhea
* Date of most recent pap smear
* All ultrasounds this pregnancy
* Previous delivery records if available
* Operative report for all women with previous caesarian section, if available

**Referring Physician Information**

**Contact for appointment time:**

* Patient (please ensure up to date contact information)
* Our office staff. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_