



**Meadows
Maternity
& Family Practice**



Dr. Nicola Chappell
Dr. Nadine Lundgren
Dr. Susan Sutton
Dr. Krista van Essen
Dr. Makela Nkemdirim

7524 Elbow Drive SW, Calgary AB, T2V 1K1
Telephone: 403-252-8851 Fax: 403-252-1765
www.meadowsmaternity.com

LOW RISK OBSTETRICAL REFERRAL REQUEST:

Our office will contact the patient for an appointment within one week of receiving referral

PLEASE PUT PATIENT LABEL HERE	REFERRING PHYSICIAN INFORMATION HERE
-------------------------------	--------------------------------------

EDD: _____ LMP: _____ Gravida: _____ Para: _____

Previous Cesarean Section: ___ NO ___ YES - Date: _____

**If YES, please indicate date and attach operative report if available*

Medications: _____

Significant Past Medical History: _____

PRENATAL INVESTIGATIONS - if able please complete prior to sending referral

- * CBC, Urine R&M, Urine C&S
- * Provincial Labs - Initial Screen: ABO, Rh, Antibody Screen, Rubella, Hep B, HIV, RPR & Varicella
- * Most recent pap result
- * Chlamydia and Gonorrhea Testing
- * Dating ultrasound if unsure of dates
- * FIRST TRIMESTER SCREEN if patient wishes genetic screening
- * Routine 18-20 wk detailed ultrasound if completed prior to referral date

