



**EMMA Clinic REFERRAL**

*Evaluating Maternal and fetal Markers of Adverse placental outcomes*

PHONE: (604) 875-2162 FAX: (604) 875-3255

SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

Date of referral: \_\_\_/\_\_\_/\_\_\_  
DD / Mth / YEAR

**OK for BC Women's Hospital to contact patient?**  YES  NO

Interpreter required  Y  N (see reverse)

Language: \_\_\_\_\_

Referring MD/Midwife: \_\_\_\_\_ MSC Billing #: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**\*Indication for referral: (\*\*will be returned if incomplete\*\*)**

**G T P ECT SA T A L LNMP** \_\_\_/\_\_\_/\_\_\_ **EDD** \_\_\_/\_\_\_/\_\_\_ **GA:** \_\_\_\_\_  
DD / Mth / YEAR DD / Mth / YEAR (at date of referral)

**\*\*Please complete EMMA Risk assessment on reverse\*\***

Referral for Risk assessment: Ultrasound and EMMA clinic consult

- Referral for complication diagnosed in current pregnancy:
  - Fetal growth restriction \_\_\_\_\_
  - Pre-eclampsia \_\_\_\_\_
  - Chronic APH/ marginal abruption \_\_\_\_\_
  - Other \_\_\_\_\_

**Please attach following documents:** Received BCW:

- EMMA Risk Assessment on page 2 of this form
- Antenatal Record 1 & 2 (if pregnant)
- Bloodwork/Labs
- Consultations
- Ultrasound or Diagnostic Reports
- Pap smear, chlamydia and gonorrhoea reports

**Referring Office Checklist:**

- Care card and Photo ID
- Directions (Entrance #93) – web instructions/map
- Scent Free Clinic

**Hospital of Delivery**  BCW  Other

**FOR BC WOMEN'S OFFICE USE ONLY:**

Physician: \_\_\_\_\_

MD Appointment: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
DD / Mth / YEAR Time

**Clinic appointment time:** \_\_\_\_\_

**Ultrasound appointment time:** \_\_\_\_\_

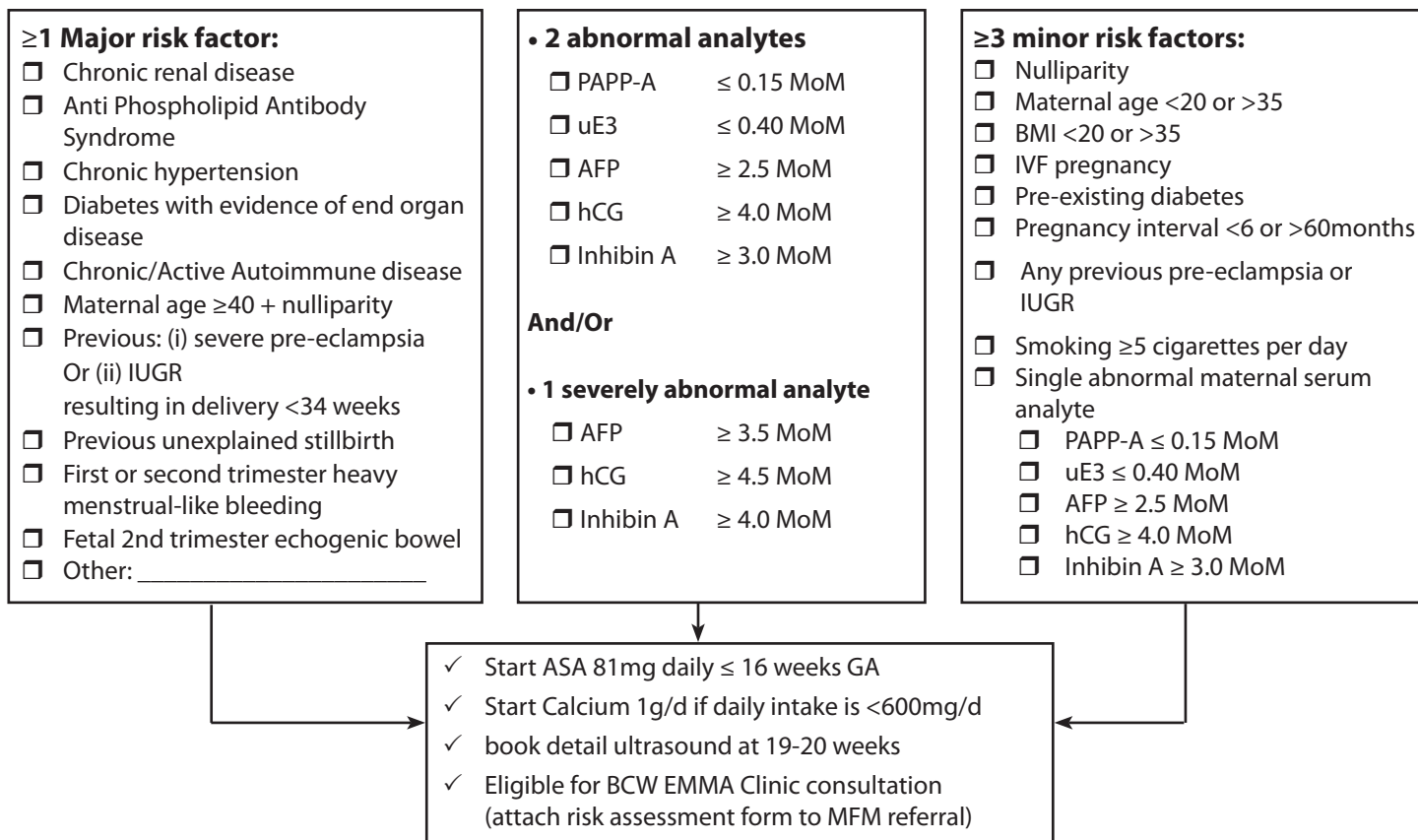
- Referring office Notified
- Patient Notified
- Cerner

Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Key:** (abbreviations): EDD = expected date of delivery LNMP = last normal menstrual period

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## Antenatal risk assessment for placentally mediated pregnancy complications



### Provincial Language Service Interpretation criteria:

- Patient will be asked to sign **Informed Consent** for treatment/procedure and patient is not fully fluent in English
- Patient has little or no English skills and has no family/friend to translate for them during clinical encounter

Provincial Language Service does not come without significant cost.

If your patient has basic English language skills and can manage her appointment that does not include consent, diagnosis or treatment, please do not request an interpreter.

All information and medical terminology is explained in simple English so the use of an interpreter is not necessary for most appointment types. Should we determine that there is in fact a need, we will access interpretation support via telephone which is an effective modality for interpreting health care as indicated in the most recent literature and current best practices.

Thank you for your cooperation and support.

Diagnostic & Ambulatory Programs  
BC Women's Hospital & Health Centre