

PORT MOODY MATERNITY CLINIC

200-205 Newport Drive
Port Moody, BC V3H 5C9
Phone: 604-949-7248
Fax: 604-949-7249

DATE:

PATIENT INFORMATION/ (LABEL):
NAME: _____
DOB: _____
PHN: _____
PHONE: _____
ADDRESS: _____

ALTERNATE PHONE/CONTACT: _____

REFERRING PHYSICIAN STAMP

MSP# _____

LMP (DD/MM/YY): _____ EDD (DD/MM/YY): _____ by U/S by dates
AGE: _____ G _____ T _____ P _____ A _____ L _____
DATING U/S: Ordered – Location _____ Done Report Attached / CC
ROUTINE PN BLOODWORK: Ordered Done Report Attached / CC
SIPS /NIPT /FTS: Discussed and Requisition given Report Attached / CC
 Discussed and Declined
NT SCAN: (>/= 35 at EDD) Ordered – Location _____ Done Report Attached / CC
Please attach Antenatal Records to Date, previous Obstetrical reports (including surgical C/S reports), latest PAP smear

MEDICATIONS:

ALLERGIES:

PAST OBSTETRICAL HISTORY:

PAST MEDICAL/SURGICAL HISTORY:

ADDITIONAL COMMENTS:

Your patient will be contacted directly with an appointment. PLEASE BE ADVISED THAT UNTIL YOUR PATIENT IS SEEN AT THE PORT MOODY MATERNITY CLINIC, YOU WILL REMAIN THE MOST RESPONSIBLE PHYSICIAN FOR THEIR PN AND MEDICAL CARE. PLEASE COPY ALL REPORTS TO PORT MOODY MAT CLINIC