**Referral To : Saskatoon Obstetric & Gynecologic Consultants**
300-149 PACIFIC AVE N, SASKATOON SK, S7K 1N8

**PH: (306) 653-5970**
**FAX: (306) 653-5383**

| **PATIENT INFORMATION:** | Last Name: | | First Name: |
|---|---|---|---|
| Date of Birth: | Address: | | |
| City: | Prov: | PC: | HSN: |
| Home Phone: | Cell: | Email: | |

**REFERRING PRACTITIONER & CLINIC INFORMATION**

☐ Family Doctor
☐ Nurse Practitioner
☐ Specialist
☐ Midwife

Name:
Address:
Phone:
Fax:

**REFERRAL TO:**

| ☐ Next Available Obstetrician Gynecologist (Except Dr._____) | Direct Referral To: | ☐ Dr. Davidson | ☐ Dr. Payton |
|---|---|---|---|
| | | ☐ Dr. Rieben | ☐ Dr. Sander |
| | | ☐ Dr. Ponath | |

**REASON FOR REFERRAL:** ***CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION – DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER***

**ALL OBSTETRICAL REFERRALS REQUIRE EDD :**

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|---|---|---|
| **Prenatal Care** | ☐ Low Risk (Shared Care) | ☐ Low Risk (Transfer of Obstetrical Care) |
| **High Risk Obstetrics** | ☐ Pre-Conceptual Counseling | ☐ Hypertension |
| | ☐ Twins | ☐ Gestational Diabetes |
| | ☐ Triplets or More | ☐ Pre-Existing Diabetes |
| | ☐ Abnormal Fetal Presentation | ☐ HIV Pregnancy |
| | ☐ Abnormal Serum Screen | ☐ Trial of Labour after C-Section |
| | ☐ Congenital Anomalies | ☐ Nuchal Translucency |
| | ☐ Substance Abuse in Pregnancy | ☐ Small/Large Fetus |
| | ☐ Medical Disease in Pregnancy | ☐ Obstetric Other – Specify: |
| **Urgent Gynecology** | ☐ Abnormal Pap / Colposcopy | ☐ Infertility (>35 years of age) |
| | ☐ Abnormal Ultrasound/Pelvic Mass/Fibroids | ☐ Menorrhagia with Anemia Hb < 100 |
| | ☐ Concerning Vulvar/Vaginal/Cervical Lesion | ☐ Post-Menopausal Bleeding |
| | ☐ Highly Suspicious for Cancer | ☐ Request for Termination of Pregnancy (Please call the office 653-5970) |
| | ☐ First Trimester Bleeding/Possible Ectopic | ☐ Severe Prolapse |
| | ☐ Urgent Other – Specify: | |
| **Elective Gynecology** | ☐ Contraceptive Advice/Sterilization | ☐ Pediatric Gynecology |
| | ☐ Heavy/Painful/Irregular Periods | ☐ Pelvic Pain/Dyspareunia |
| | ☐ Menopausal/Sexual Complaints/Premenstrual Syndrome | ☐ Urinary Incontinence/Vaginal Prolapse/Other bladder concerns |
| | ☐ Infertility Age: | ☐ Vaginal Discharge/Vulvar Complaints |
| | ☐ Tubal Ligation Reversal | ☐ Other – Specify: |

**For emergency consultations please contact 306-653-5970**

**NOTES:**

**POOLED REFERRAL INFORMATION:** Patients being offered the pooled referral option will receive the next available appointment with a specialist within this group able to treat the referring condition.
**Questions or Feedback directed to our office at 306-653-5970**

| Physician Signature: | Date: |
|---|---|