

# Lions Gate Maternity Clinic

Lions Gate Hospital  
Room 302, 3<sup>rd</sup> Floor  
231 15<sup>th</sup> Street East  
North Vancouver BC V7L 2L7

Phone: 604-985-6408  
Fax: 604-985-6108  
Website: [www.lgmc.ca](http://www.lgmc.ca)  
[lghmatclinic@gmail.com](mailto:lghmatclinic@gmail.com)

Date of Referral: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB (YYYY/MM/DD): \_\_\_\_\_

PHN #: \_\_\_\_\_

Email Address (we will use for first contact): \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Other Contact Name and Number(s): \_\_\_\_\_

Referral Source: ☐ Family Physician ☐ Obstetrician ☐ Midwife ☐ Nurse Practitioner

Billing Number #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

First day of last menstrual period (LMP): \_\_\_\_\_

EDD based on first dating ultrasound: \_\_\_\_\_

## Does your patient have any of the following?

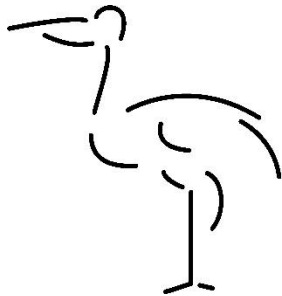
### Yes No

- ☐ ☐ Pre-pregnancy Diabetes
- ☐ ☐ Previous high-risk complications in pregnancy (recurrent stillbirth, recurrent pre-term birth, previous cerclage)
- ☐ ☐ Pre-pregnancy Hypertension
- ☐ ☐ Age greater or equal to 45
- ☐ ☐ Heart Disease (MI/CAD, congenital heart defect)
- ☐ ☐ Twin pregnancy

### Yes No

- ☐ ☐ Psychiatric condition requiring >2 psychiatric medications
- ☐ ☐ Patient is an organ recipient
- ☐ ☐ Fetus has congenital anomalies requiring delivery at BCWH
- ☐ ☐ Patient plans to deliver anywhere other than Lions Gate Hospital

If you answered **YES** to any of the above, your referral **WILL NOT BE ACCEPTED** at LGMC. Please refer your patient to an Obstetrician because the pregnancy is considered high-risk. North Shore OB clinics are Seymour Obstetrics (F: 604-982-0686), North Shore OBGYN (F: 604-980-0808), and Dr. Ravn (F: 604-982-0686). If you are unsure if your patient is either low-risk or high-risk, please feel free to email our office at [lghmatclinic@gmail.com](mailto:lghmatclinic@gmail.com).



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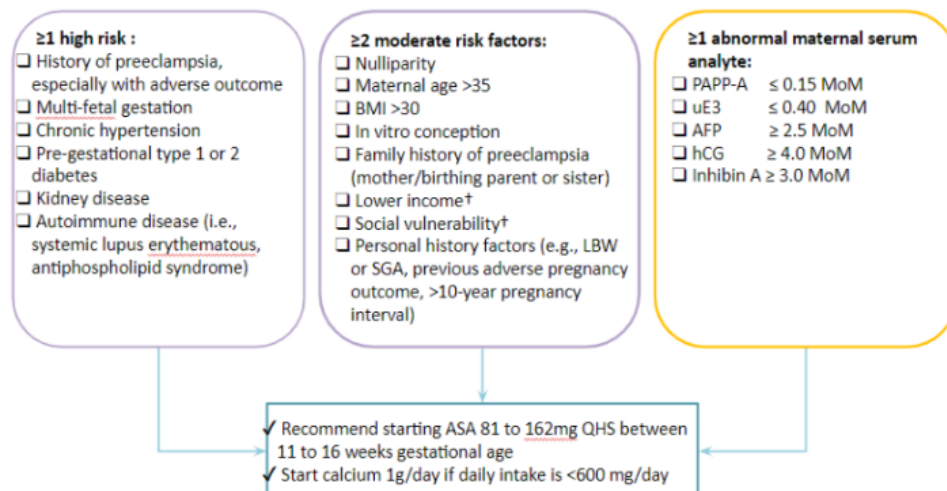
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## Indications to start Aspirin 81 mg daily in pregnancy:

Please see the guideline below which indicates criteria for when to start Aspirin in pregnancy. Aspirin should be started between 11-16 weeks gestational age; however, it can be started up to 24 weeks. Continue Aspirin daily until gestational age of 36 weeks.

Figure 1. BC Provincial OBIM and MFM Checklist for low dose ASA for preeclampsia prevention<sup>c</sup>



<sup>†</sup> USPTSF specifies that increased risks are due to environmental, social and historical inequities shaping health exposures, access to health care, and the unequal distribution of resources, not biological propensities

LBW, low birth weight; SGA, small for gestational age

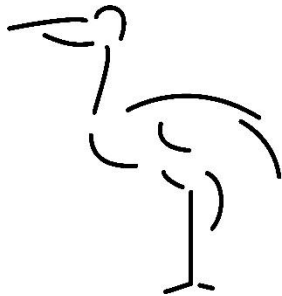
Have you referred your patient to the BCWH PRISM Clinic? (If not, we will after their first appointment with us) ☐ Yes ☐ No

Blood Pressure in Pregnancy (for PRISM): \_\_\_\_\_

Medications: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Additional Comments: \_\_\_\_\_



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FAX all relevant information including obstetrical ultrasounds, prenatal bloodwork, most recent pap test with the complete referral, **including Antenatal Records if started**. We usually see patients after we receive their dating ultrasound result. **Please order their dating ultrasound for 7 weeks estimated GA and copy LGMC to the report**. Patient intake may be **significantly delayed** if this has not been done prior to the referral.

Previous Testing: If the following labs and ultrasound have already been done, please indicate and fax results with the completed referral

| Not done                 | Pending                  | Attached                 |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First dating ultrasound between EGA 7-11 weeks  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ABO blood group and antibodies ( <i>use CBS req</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CBC and ferritin  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Serologies: HIV, VZV IgG, rubella, HepBsAg, syphilis, HepC  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TSH   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urine C&S   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urine for chlamydia and gonorrhea   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thalassemia screen (EXCEPT those who are Japanese, Korean, North European Caucasian, First Nations, or Inuit) |

We would appreciate it if you would discuss the availability of public and private pay genetic screening which is, as you know, **time sensitive**. Please attach results if done.

|                          |                          |                          |                          |                   |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Not discussed            | Pending                  | Attached                 | Declined                 | Which one chosen? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

Current genetic screening available:

**SIPS** (part 1: 10-13w6d; part 2: 15w2d-20w6d)  
**IPS** (above plus Nuchal Translucency  
Ultrasound around 12-13w -for patients 35yrs+)  
**QUAD** (15w2d-20w6d if presented to care late)

**NIPT** (Dynacare Harmony – 10w+ and \$349 CAD)  
**NIPT** (Lifelabs Panorama – 9w+ and between  
\$550-795 CAD)  
**PCRMTS** (11wks and between \$800-1000+ CAD)

For convenience, please see our website for lab requisitions that are pre-populated. Other requisitions (including genetic screening) are also available as a resource.