



Know your options, take control.



BC Women's Hospital
4500 Oak Street
Vancouver, BC V6H 3N1
Phone: 604-875-2424 x6387

Please FAX the following documentation with this referral:

For office use:

- Checkboxes for Prenatal Records Parts 1 & 2, Ultrasound Reports, and OR Report for previous CS, with Yes/No/Pending options.

FAX TO : 604-875-3261

Referral
The Best Birth Clinic

Date

Type of Appointment

- Consult - Previous cesarean/VBAC, Consult - Breech/ECV, Consult - Non-medical cesarean, Procedure - ECV

Form fields for Woman's Name, Gestational Age, Phone number (Home, Work, Cell), Address, City/Town, Postal Code, PHN, Date of Birth, Ethnicity, Referring Physician or Midwife, Billing #, Phone, Fax.

Language Spoken, Language Barrier (Yes/No), Family/friend available to translate? (Yes/No)

Pregnancy History: please attach BCPHP Antenatal 1 and 2. EDD (d/m/yr), Prior cesarean (date) Hospital, Breech at: wks, Plans ECV: Yes/No. Ultrasounds: please attach ultrasound reports. Date, Facility.

NOTES:

BC WOMEN'S WILL CONTACT THE PATIENT WITH THE APPOINTMENT DATE AND TIME

To be completed by Booking Office only:

Appointment booked: Date, Time; Patient notified: Date, Confirmed by