330-507 West Broadway Avenue
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REFERRAL FORM – OBSTETRICS

Your office will be informed of appointment date and time.

FAX TO 604.708.0748

Date: ______________________________

Referring Physician Information

Name: ______________________________

MSP #: ______________________________

FAX: ______________________________

OR PHYSICIAN STAMP

Patient Information:

Name:______________________________ Address:______________________________

PHN:______________________________ ______________________________

DOB:______________________________ **Tel:** Home: ______________________________

OR AFFIX LABEL

Cell: ______________________________

Email: ______________________________

OBSTETRICS – Please select only ONE.				
☐	**Dr. Michelle Bélanger** BC Women's Hospital	☐	**Dr. Julie van Schalkwyk** BC Women's Hospital	**URGENT OB REFERRAL** 1. **Fax supporting documents.** 2. **Please have maternity provider call selected Obstetrician directly.** 3. **The Obstetrician will schedule the appointment directly with the patient**
☐	**Dr. Nadia Branco** BC Women's Hospital	☐	**Dr. Jenise Yue** BC Women's Hospital **FAX to 604.877.1842**	
☐	**Dr. Salim Lalani** Burnaby General Hospital **FAX to 604.565.9448**	☐	**Dr. Jennifer Yam** St. Paul's Hospital	
☐	**Dr. Mary Masotti** BC Women's Hospital	☐		

LMP = 20___ /____ /____
Year Month Day

EDC = 20___ /____ /____
Year Month Day

Reason for Referral						**Supporting Documents**	**Attached**	**To Follow**
☐	Complete Prenatal Care	☐	Shared Prenatal Care	☐	Consultation Only	AN I & II	☐	☐
						PN Labs	☐	☐
						Ultrasound	☐	☐
						PAP	☐	☐
						Other	☐	☐

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