

Please send to MFM Secretary, Department of Obstetrics/Gynaecology, Victory 4.

Maternal Health Clinic Referral Form

Patient ID Label: _____



If you have questions or concerns please email or call:
michelle.rodgy@kingstonhsc.ca, Michelle Roddy ext. 2740
Dr. Graeme Smith, info@themothersprogram.ca, ext. 2405

Note: If a patient is missed before discharge they may be referred to the clinic later in the postpartum period.

Delivery Date: _____

Reason for Referral:

- Preeclampsia, eclampsia or HELLP Syndrome
- Gestational Hypertension
- Gestational Diabetes or Gestational Impaired Glucose Tolerance
- IUGR baby, <5th%ile for gestational age at <37 weeks or <2500g baby at ≥37 weeks
- Idiopathic Preterm birth (< 37 weeks)
- Placental abruption leading to delivery for either maternal or fetal reasons
- Other:

Bottom Portion - Please give to patient and notify them of their referral to the Maternal Health Clinic

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Based on pregnancy and delivery screening you have been identified as a candidate for follow up in **The Maternal Health Clinic** with Dr Graeme Smith. This clinic held at 6 months after delivery focuses on prevention and lifestyle modification for women who may be at increased risk for heart disease. In about 4 months you will receive notification with regards to setting up your “virtual clinic visit” with Dr Smith.



For more information on the Maternal Health Clinic visit: www.themothersprogram.ca

If you have any questions or concerns please contact Michelle at: michelle.rodgy@kingstonhsc.ca or call (613) 549-6666 Ext 2740.

If you **DO NOT wish to participate** in the Maternal Health Clinic please sign below and leave this sheet at the KIDD 5 or KIDD 10 when you are discharged.

Name

Signature

Date

Please send to:

MFM Secretary

Department of Obstetrics and Gynaecology

Victory 4, KGH