Maternal Health Clinic Referral Form

Patient ID Label:

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

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.roddy@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

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

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

MFM Secretary
Department of Obstetrics and Gynaecology
Victory 4, KGH