

Post-Pregnancy Health Clinic Referral Form

Delivery Date: _____

Patient ID Label Here

Reason for Referral:

- ☐ Preeclampsia, eclampsia or HELLP Syndrome
- ☐ Gestational Hypertension
- ☐ Gestational Diabetes
- ☐ Idiopathic Preterm birth (< 37 weeks)
- ☐ IUGR, <5th%ile for gestational age at <37 weeks or <2500g baby at ≥37 weeks
- ☐ Macrosomia, >4500g at ≥37 weeks
- ☐ Placental abruption leading to delivery for either maternal or fetal reasons
- ☐ Other:

If you have questions or concerns, please email or call:
Kira King, kira.king@kingstonhsc.ca, ext. 2740
Dr. Graeme Smith, gns@queensu.ca

Does your patient wish to participate in the Post-Pregnancy Health Clinic?

☐ YES ☐ NO ☐ Unable to speak to patient

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

Patient email address: _____

(*your patient will be contacted via mail if they still wish to participate but are unwilling to provide an email)

If they have responded 'Yes' please provide the patient with the tear off portion below.

Please return top portion to the clinical team via internal mail.

Tear Here

Based on pregnancy and delivery screening you have been identified as a candidate for follow up in **The Post-Pregnancy Health Clinic** with Dr Graeme Smith. This clinic held at 6 months after delivery focuses on prevention and lifestyle modification for persons who may be at increased risk for heart disease. When you approach 6 months after your delivery date, you will receive information on scheduling your appointment via email (or in the mail if this is your preference) **if you have indicated to your nurse that you are interested in participating.**

For more information on the Post-Pregnancy Health Clinic visit: **www.themothersprogram.ca**

Questions? Concerns? Please contact Kira at: **kira.king@kingstonhsc.ca** or (613) 549-6666 Ext 2740.

NOTE: By providing your email, you acknowledge that you consent to making contact with authorized employees or *agents of the hospital for the purposes of communicating personal health information (PHI) via email. You understand that email communications will become the property of the hospital or its authorized agents and may be accessed for operational reasons of the hospital, and you accept that the hospital cannot guarantee the security of email transmissions outside of the hospital protected network.

*To review the full hospital policy, please visit <https://obgyn.queensu.ca/khsc-policies> or this link:



Please send to:

MFM Secretary

Department of Obstetrics and Gynaecology

Victory 4, KGH

Tear Here

For patient