Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

BLOOD MANAGEMENT SERVICE

Name:_____

PHIN:_____

DOB:_____

HSC MRN#:_____

Request for Consultation/Referral for Obstetrical Patients

Tel: 204-926-8006 Fax: 204-940-3255

Date :

✱Please attach patient's prenatal record if available and most recent blood work including iron indices

Send consult if you select one of the following:	
☐ History of IDA anemia <80g/L **and** failed trial of po iron **and** greater than 13 weeks gestation	☐ Low body weight (<60kg) pre-pregnancy
☐ Increased risk of PPH • Placenta abnormality • Multiple pregnancy • Multiple previous deliveries • Gestational HTN • Large baby in current pregnancy • Past history of PPH	☐ Rare blood type or antibodies
☐ Non-consent for transfusion	☐ Other, specify:
PATIENT INFORMATION	
Is Patient aware of the referral to BMS? No ☐ Yes ☐	
Patients mailing address:	
City: Province:	Postal Code:
Contact number:	Alternate phone number:
Email address:	
OBSTETRICAL INFORMATION	
EDC:	G: P:
Current Gestation: _____	Pregnancy complications: No ☐ Yes ☐
Blood Transfusion History: No ☐ Yes ☐	
Social Services involvement No ☐ Yes ☐	Case Worker: Contact number (if known):
REFERRING HEALTH CARE PROVIDER	
Name:	Designation:
Phone Number:	Fax Number: