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

BLOOD MANAGEMENT SERVICE

Request for Consultation/Referral for Obstetrical Patients

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

Date of Referral: D D M M M Y Y Y Y

MRN
Client Surname
Given Name
Date of Birth
Gender
PHIN

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 Iron Deficiency Anemia less than 80 g/L and failed trial of oral iron and greater than 13 weeks gestation
- ☐ Low body weight (less than 60 kg) pre-pregnancy
- ☐ Increased risk of postpartum hemorrhage:
  - Placental abnormality
  - Multiple pregnancy
  - Multiple previous deliveries
  - Gestational hypertension
  - Large baby in current pregnancy
  - Past history of postpartum hemorrhage
- ☐ Rare blood type or antibodies
- ☐ Non-consent for transfusion
- ☐ Other *(specify)*:

PATIENT INFORMATION

Is the patient aware of the referral to Blood Management Service? ☐ Yes ☐ No

Mailing Address:			Home Phone: - -
City:	Province:		Work Phone: - -
Postal Code:	Height: ☐ centimetres ☐ feet/inches	Weight: ☐ kilograms ☐ pounds	Cell Phone: - -

OBSTETRICAL INFORMATION

Estimated Date of Delivery: D D M M M Y Y Y Y	Gravida:	Para:	Current Gestation:

Pregnancy complications: ☐ Yes ☐ No

Blood Transfusion History: ☐ Yes ☐ No

Social Services Involvement: ☐ Yes ☐ No

Case Worker:	Contact Phone (if known): - -

REFERRING HEALTH CARE PROVIDER

Signature:	Printed Name and Designation:
Address:	Phone: - - Fax: - -