Calgary Foothills PCN Referral Form

PLEASE NOTE: This form works best when downloaded and opened in a PDF viewer.

The PCN's quick reference guide provides more information on each program.

Date: _____

Fax to 403-284-9518 for:

- ☐ Clinical Pharmacist
- ☐ Social Worker
- ☐ Health Management Nurse
- ☐ Registered Dietitian
- ☐ Workshops _____
- ☐ Case Collaboratives
- ☐ Extended Health Team
- ☐ One-Step-at-a-Time-Counselling
- ☐ Cochrane Behavioural Health Consultant (**Patients of Cochrane Physicians Only**)

Fax to 403-210-1382 for:

- ☐ Access 365
- ☐ WinRho Injection (**Please complete both pages**)

Patient Label	Physician Stamp
Name:	Name:
DOB:	Clinic:
PHN:	Clinic Address:
Address:	Clinic Phone:
Phone:	Clinic Fax:
Email:	PRAC ID:

Reason for referral: Please include all additional information requested according to the Calgary Foothills PCN Quick Reference Guide. Please include all additional relevant information. If insufficient information is provided, your referral will be sent back.

What is the clinical concern to be addressed?

Duration of symptoms / Intensity

What has been tried? If applicable.

Special Considerations/ Barriers to Consider

Allergies

Medications

Referring physician's signature: _____

This referral form is for Calgary Foothills PCN member physicians and health team only.

Referral to Access 365 for WinRho

Date: **Fax to: 403-210-1382**

Note: Thisform hasbeen updated to reflect the recommendationsfor WinRho administration fromthe Society of Obstetricians and Gynaecologists of Canada (SOGC) Guideline No. 448.

Access 365 accepts referrals for eligible individuals after 12 weeks gestation

Please provide the following referral information in full:

Laboratory confirmed pregnancy: ◯ Yes ◯ No

Indication for WinRho (select one):

- ☐ Vaginal bleeding during pregnancy (including threatened or spontaneous early pregnancy loss after 12 weeks gestation, or second/third trimester bleeding).
- ☐ Blunt abdominal trauma (e.g., fall, motor vehicle collision, intimate partner violence) after 12 weeks gestation.
- ☐ Undergone second trimester procedures (13-28 weeks) (e.g., amniocentesis, cordocentesis).
- ☐ Routine third trimester administration (28-32 weeks gestation) after second trimester screen (including ABO, Rh, and antibody screen completed at 26-28 weeks).

Note: Sensitizing events require administration ideally within 72 hours.

WinRho Intake Information:

- Last Menstrual Period (LMP): _____
- Estimated Date of Delivery (EDD): _____
- Current Gestation: _____Weeks _____Days
- Optimal range of dates for WinRho injection: _____to_____
- Date of laboratory ABO, Rh screen: _____
- Date of antibody screen: _____
- PLEASE ENSURE YOU ATTACH ALL RELEVANT DOCUMENTATION

Referring physician's signature: