

**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: \_\_\_\_\_

<p><b>Fax to 403-284-9518 for:</b></p> <p><input type="checkbox"/> Clinical Pharmacist</p> <p><input type="checkbox"/> Social Worker</p> <p><input type="checkbox"/> Registered Nurse – Health Team</p> <p><input type="checkbox"/> Registered Dietitian</p> <p><input type="checkbox"/> Workshops _____</p>	<p><b>Fax to 403-210-1382 for:</b></p> <p><input type="checkbox"/> Case Collaboratives</p> <p><input type="checkbox"/> Extended Health Team</p> <p><input type="checkbox"/> One-Step-at-a-Time-Counselling</p> <p><input type="checkbox"/> Cochrane Behavioural Health Consultant <b>(Patients of Cochrane Physicians Only)</b></p> <p><input type="checkbox"/> Access 365</p> <p><input type="checkbox"/> WinRho Injection <b>(Please complete both pages)</b></p>
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<p><b>Patient Label</b></p> <p>Name: _____</p> <p>DOB: _____</p> <p>PHN: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><b>Physician Stamp</b></p> <p>Name: _____</p> <p>Clinic: _____</p> <p>Clinic Address: _____</p> <p>Clinic Phone: _____</p> <p>Clinic Fax: _____</p> <p>PRAC ID: _____</p>
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**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: \_\_\_\_\_

Date:

Fax to: 403-210-1382

**Note:** This form has been updated to reflect the recommendations for WinRho administration from the Society of Obstetricians and Gynaecologists of Canada (SOGC) Guideline No. 448.

**\*Access 365 accepts referrals for eligible individuals after 12 weeks gestation\***

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**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: