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

IMPORTANT
For a consult to be considered by Blood Management Service the patient must have met all of the following criteria.

- ☐ **A serum Hgb below 80 g/L with evidence of iron deficiency anemia**
- ☐ **A failed trial of oral iron greater than 2 weeks**
- ☐ **At least 13 weeks gestation.**

And/or:

- ☐ **Low body weight (less than 60 kg) pre-pregnancy**
- ☐ **Increased risk of postpartum hemorrhage including but not limited to**:
  - Placental abnormality
  - Multiple pregnancy
  - Multiple previous deliveries
  - Gestational hypertension
  - Large baby in current pregnancy
  - Past History Postpartum Hemorrhage
- ☐ **Rare blood type or antibodies**
- ☐ **Non-consent for transfusion**

PATIENT INFORMATION

Patient's Mailing Address:

City: | Province: | Postal Code:

Contact Number: | Alternate Phone Number:

OBSTETRICAL INFORMATION ***MUST INCLUDE PRENATAL RECORD WITH CONSULT***

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

Serum Hemoglobin: **Date this was drawn:**

Pregnancy complications: ☐ No ☐ Yes

Blood Transfusion History: ☐ No ☐ Yes | Scheduled Cesarean Section: ☐ Yes ☐ No

REFERRING HEALTH CARE PROVIDER/FACILITY

Primary Obstetrician or Group: | Projected Hospital of Delivery:

Phone Number: | Fax Number:

Nursing Station/Midwife/Family Physician/Nurse Practitioner:

Phone Number: | Fax Number: