



CHANGE OF PREGNANCY STATUS FORM

Patient name: _____

DOB (dd-mm-yyyy): _____

PHIN: _____

The above-mentioned patient is pregnant and RH negative. She has been scheduled for treatment with RHIG at 28 weeks' gestation at the RH Clinic as per provincial guidelines.

The patient cannot attend her scheduled appointment due to: *(check all that apply)*

- Pregnancy loss has occurred. Date: _____
- Preterm birth has occurred. Date: _____
- Patient has moved out-of-province/out-of-country Date: _____
- The Estimated Due Date (EDD) has changed by more than 7 days from the original and the patient will need a new appointment with the RH Clinic.

Please indicate new EDD: _____

 HCP Signature

 Date (dd-mm-yyyy)

PLEASE FAX THIS FORM TO THE RH CLINIC
204-787-2873

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