Rh Prevention Program of Hamilton

Stonechurch Family Health Centre
1475 Upper Ottawa Street
Hamilton, ON L8W 3J6
Phone: (905) 575-0108 Fax: (905) 575-0859

Referral Form

Date of referral _______/ _______/ ________
DD / MM / YY

Patient Information:

Name: ____________________________
DOB: _______/ _______/ ________
DD / MM / YY
Address: ____________________________
____
Postal Code ____________
Telephone: (_______) __________________
HNON: ____________________________ Version: _________

Family Physician :

Name: ____________________________
Address: ____________________________
Telephone: ____________________ Fax: ____________________

Physician / Midwife providing antenatal care (if different from above):

Name: ____________________________
Address: ____________________________
Telephone: ____________________ Fax: ____________________

Expected Date of Delivery: _______/ _______/ ________
DD / MM / YY

Hospital for Delivery: ____________________________

ABO / Rh (please enclose copy of result) ____________________________

Please enroll the above-named patient in the Rh Prevention Program. (The clinic will provide the patient with an injection of Rh Immune Globulin that will help prevent the possibility of the patient developing an allo anti-D antibody, which has been implicated in the development of HDN (Hemolytic Disease of the New Born)). Please check most appropriate category:

! Routine 28 week injection of WinRho

! Emergency injection of WinRho following potentially sensitizing event during pregnancy **(NB: also requires telephone consultation with clinic to ensure patient is clinically appropriate, and appointment available within best practice timelines. Please also forward relevant clinical notes / ultrasound results etc.)**

____________________________ ____________________________
Name – referring practitioner Signature – referring practitioner

You can download copies of this form at : http://www.stonechurchclinic.ca/Services/rh-prevention-program

IMPORTANT NOTICE: The Rh Prevention Program of Hamilton will not enroll a patient without a completed referral form. An appointment time will be confirmed with referring practitioner and patient. Drop-in visits without an arranged appointment will not be accommodated under any circumstances.