pasclinic
Placenta Accreta Spectrum Clinic

Date Reviewed: DD/MM/YYYY

PATIENT REFERRAL FORM

**Referring provider is responsible for ongoing prenatal care. PAS Clinic is consulting only for Accreta and required management.*

Referring Provider:

Referral Date: DD/MM/YYYY

Provider Name:
Provider MSP/Billing #:
Provider Phone #:
Provider Fax #:
Primary Care Provider:

Patient Information:

Patient Name:
Patient Address:
Patient Phone #:
Patient Health #:

Interpreter Required? IF YES, SPECIFY LANGUAGE

Patient Information

G **T** **P** **A** **L**

EDD: DD/MM/YYYY
Via first US > 7+0
Or IVF transfer

→ REFERAL INDICATED IF ≥1 HIGH RISK FACTOR OR ≥2 LOW RISK FACTORS PRESENT

High Risk Factors (X for those that apply)

Placenta in the region of a prior uterine incision:

- ☐ Prior lower segment c/s and placenta previa
- ☐ Prior classical or inverted T incision and anterior placenta
- ☐ Prior myomectomy reaching endometrium AND placenta implanted in area of prior scar

Risk factors for abnormal implantation without prior full thickness incision:

- ☐ Prior endometrial ablation
- ☐ History of Asherman syndrome
- ☐ Prior hysteroscopic resection of significant synechiae or uterine septum

Abnormal US findings in the current pregnancy:

- ☐ Features of C/S scar pregnancy in T1
- ☐ Features of PAS on routine US

History of PAS in prior pregnancy?

- ☐ Yes
- ☐ No

Low Risk Factors (X for those that apply)

- ☐ Placenta previa
- ☐ Prior retained placenta with manual removal
- ☐ Prior uterine artery embolization
- ☐ ≥3 intrauterine procedures (D&C, D&E, or operative hysteroscopy)

Pertinent Medical & Surgical History

Additional Comments

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PATIENT REFERRAL INSTRUCTIONS

Please ensure the following are included:

- ☐ Dating ultrasound
- ☐ Completed patient referral form
- ☐ Antenatal record
- ☐ Prenatal bloodwork including:
    - ☐ CBC
    - ☐ Ferritin
    - ☐ Prenatal infectious serologies
    - ☐ Prenatal genetic screening
    - ☐ Gestational diabetes testing
    - ☐ Blood group and Rh
- ☐ Chlamydia and gonorrhea results
- ☐ Most recent PAP results
- ☐ Any relevant delivery records/OR reports; previous CS, myomectomy
- ☐ Any imaging reports from the current pregnancy

Fax entire package to:

(604) 520 4183