



CORNERSTONE MATERNITY REFERRAL FORM

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PATIENT INFORMATION

Surname: _____ First Name: _____
Birthdate: ___/___/_____ (DD/MM/YYYY) PHN: _____
Address: _____ Phone: _____
_____ Alt Phone: _____

REFERRING PRACTITIONER INFORMATION

Family Doctor Referring Practitioner: _____
 Specialist Clinic: _____
 Nurse Address: _____
 Other: _____ Phone: _____ Fax: _____

REFERRAL TO:

Next available physician LMP: ___/___/_____ (DD/MM/YYYY)
 Specific physician: _____ EDC: ___/___/_____ (DD/MM/YYYY)

Cornerstone Maternity provides low risk* maternity care and newborn care to women in Saskatoon and surrounding communities. We offer prenatal care from as early as pregnancy diagnosis until full term, as well as in-hospital obstetrical care and continued care of mom and baby until 6 weeks postpartum. PLEASE INCLUDE ALL RELEVANT TESTING TO DATE.

Low risk maternity care patients must meet the following requirements:

- Age <42 years
- pre-pregnancy BMI <40
- singleton pregnancy
- no major uterine abnormality
- no major fetal abnormality
- no major pre-existing maternal medical condition
- no history of preterm birth prior to 35 weeks gestation
- no history of severe pre-eclampsia or HELLP
- if interested in a trial of labor after cesarean, only one prior lower segment cesarean with an inter-delivery interval of at least 18 months.

Practitioner Signature: _____ Date: ___/___/_____ (DD/MM/YYYY)