CORNERSTONE MATERNITY REFERRAL FORM

#100-415 Wellman Crescent, Saskatoon, SK, S7T 0J1
Ph 306-975-1262, Fax 306-975-1221
www.cornerstonemedical.ca

Cornerstone Maternity

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)
Please visit our website www.cornerstonematernity.ca for more information.