



fraserhealth

OBSTETRIC INTERNAL MEDICINE REFERRAL
Jim Pattison Outpatient Care and Surgery Centre
Maternity Clinics - 3A



Form ID: MSXX105751C

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JPOCSC Maternity Clinics 9750 140th Street, Surrey BC
Phone: (604) 582-4558 extension: 763992 Fax: (604) 582-3775

PATIENT INFORMATION

Patient's Full Legal Name: _____
Last First Middle

Patient's Preferred Name (if different from above): _____

Personal Health Number: _____ Date of Birth: ____/____/____
DD / MM / YYYY

PREGNANCY STATUS

Pregnant, Gestational Age _____ at Date of Referral Pre-Pregnancy
 Post-Partum

Reason for Referral: _____ G ___ T ___ P ___ SA ___ TA ___ L ___

Date of Referral: _____ Interpreter Required? Yes, Language: _____

ADDITIONAL DOCUMENTS

PLEASE INCLUDE RECORDS THAT ARE NOT AVAILABLE ON CARECONNECT:

- Antenatal Record Part I and Part II
- All consultation reports, diagnostics and investigational records related to maternal/medical diagnoses

PROVIDER INFORMATION

Referring Provider: _____

MSP: _____ Signature: _____

If different from above:

Primary Obstetric Provider: _____

Family Physician: _____

OBSTETRICS INTERNAL MEDICINE (OIM) USE ONLY

Triage OIM and Date: _____

Phone In-person

Next available

2 to 4 weeks

Greater than 4 weeks

ONCE COMPLETE, FAX TO JPOCSC MATERNITY CLINICS: (604) 582-3775