



# Provincial Maternal Transfer Record

Addressograph stamp or electronic patient record label

Antepartum  Intrapartum  Postpartum

MT or PTAC #: .....  
Date of transfer (YYYY/MM/DD): ..... / ..... / .....  
Transfer From: (Institution) .....  
Referred By: .....MD/RM  
Obstetrical care provider: .....MD/RM  
Transfer To: (Institution) .....  
Name of Accepting MD: .....  
Send Copy of Discharge Summary to: .....

Health Card #: ..... Version Code .....  
Next of Kin: .....  
Relationship:..... Telephone #: (.....) .....

## REASON FOR TRANSFER

Maternal (describe)

Retro-transfer  Acute Transfer

Fetal (describe)

## ALLERGIES

No Known Allergies Specify (drug, food, tape, dyes, latex, other) and reactions:

## OBSTETRIC HISTORY

Copy of chart with patient and additional information, such as fetal monitor strips, if indicated.

Gravida: ..... Para: ..... LMP: ..... EDB/C: ..... Gestation (weeks + days) .....  
Past C-Section or Uterine Surgery: ..... Incision Type: .....

## LABOUR & BIRTH

Onset of Labour: ..... Membranes Ruptured:  Yes  No Time: Colour: .....

Cervical Exam: ..... / ..... / ..... Fetal Position: A: ..... B: ..... C: .....

Placenta (multiples):  DI/DI  MONO/DI  MONO/MONO  Other: .....

Maternal Vital Signs: BP ..... / ..... Pulse: ..... Resp: ..... Temp: ..... Fetal Fibronectin:  Positive  Negative

## MEDICATIONS

Regular medications:

Antibiotics:	Date:	Time:	Other:
Steroids:	Date:	Time:	
Magnesium Sulfate for: <input type="checkbox"/> Seizure prophylaxis <input type="checkbox"/> Neuroprotection	Date:	Time:	

## MEDICAL/SURGICAL HISTORY

See chart

Relevant medical / surgical history

## SOCIAL ISSUES

See chart

## IN TRANSIT

SEE TRANSPORT RECORD IV: ..... TBA on arrival ..... mL Rate ..... mL/hr

Time	FHR	Pulse	Resp	BP	Contractions			Medications (Dose / Route)	Comments
					Frequency	Duration	Intensity		

## TRANSFER INFORMATION

Departure Time: ..... Time of Arrival at Receiving Hospital: .....

SEE TRANSPORT RECORD Accompanied By: ..... Relationship: ..... Attendant During Transfer: .....

Signature/Status: ..... Print Name: .....