



Fetal Assessment Unit
 Fax: 613-548-1320
 Tel: 613-548-1385
 76 Stuart St., Kingston, ON
 Kingston General / Kidd 5
www.KingstonHSC.ca

Name:
Last, (First) _____

Health Card #: _____

Obstetrical Ultrasound
and
Biophysical Profile
Requisition

Date of Birth: _____

Phone: _____

For urgent cases less than 1 week please call

Please advise your patient to arrive 20 minutes early, patients arriving late may need to be rebooked. Ultrasounds need to have a full bladder — patients must drink 24 oz. (750 ml.) 1 ½ hours prior to appointment

PATIENT HISTORY (Required)

Last Menstrual Period (yyyy/mm/dd): _____ Estimated Delivery Date (yyyy/mm/dd): _____

Patient BMI: _____

Previous Ultrasounds external to KHSC: (if yes, provide **all previous reports with the Requisition**)

Please note, if this box is incomplete the requisition will be returned and may delay the study

Relevant Patient History: Singleton Twins Triplets

INDICATION FOR ASSESSMENT:

- | | |
|---|---|
| <input type="checkbox"/> First Trimester | <input type="checkbox"/> Amnio / CVS |
| <input type="checkbox"/> Nuchal Translucency (11 weeks, 1 day – 13 weeks, 6 days) | <input type="checkbox"/> Cervical Length |
| <input type="checkbox"/> Anatomy (18-22 weeks as per BMI) | <input type="checkbox"/> Follow up: Anatomy Limited |
| <input type="checkbox"/> Estimation of Fetal Weight (EFW >24 weeks) | Site Specific: _____ |
| <input type="checkbox"/> Placental Location (at 32 weeks) | |
| <input type="checkbox"/> Detailed Anatomy (reason) _____ | |

BIOPHYSICAL PROFILE SECTION: (includes Umbilical Doppler)

Frequency: Once Twice Weekly Weekly

Indication(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Postdates | <input type="checkbox"/> Small for Gestational Age | <input type="checkbox"/> PPROM |
| <input type="checkbox"/> Decreased fetal Movement | <input type="checkbox"/> Pre-gestational Diabetes | <input type="checkbox"/> Presentation Only |
| <input type="checkbox"/> Gestational Diabetes (on insulin) | <input type="checkbox"/> Other: _____ | |

ORDERING PROVIDER INFORMATION

Name (Last, First) _____ Physician Midwife Nurse Practitioner
 CPSO#: _____ Contact Number: _____
 Attending Physician: _____ Copy Report to (Last, First/ Fax #): _____
 Date Requisition Completed (yyyy/mm/dd) _____

X _____
 Ordering Provider Signature

Instructions for Booking an Appointment for your Patient

To book an appointment, you can:

Option 1: Call the Fetal Assessment Unit (**613-548-1385**), obtain an appointment date and time, and you can communicate that information to your patient

In the event that we are unable to take your call; please follow the protocol below when leaving a message:

1. Your **name and number** so we can call with an appointment date and time.
2. The first and last name of the Ordering Provider. Please spell the name so we can ensure we are accurately entering this information into our system
3. State the **type of procedure** you are requesting. If it is an Anatomy scan we require a BMI (Body Mass Index) for the patient in order to select the best timeframe for a successful scan.
4. State **patient name** and **date of birth**. Please spell the name so we ensure we are accurately entering the information into our system.
5. State the patient's **health card number**.
6. Provide the **Last Menstrual Period** and **Estimated Delivery Date**

Once we review the message we will call you with an appointment date and time

Option 2: Fax (**613-548-1320**) a complete requisition with all previous imaging reports to the Fetal Assessment Unit and we will arrange a date and time with the patient

If you plan to have us provide additional scans for your patient, when faxing us the first requisition it is easiest for our office if you fax us the **whole package** at the beginning. This would include Requisitions for:

- a) First Trimester / Dating scan
- b) Nuchal Translucency - please fax us the *North York Hospital lab requisition* as well. It is not uncommon for the patient to forget to bring it with them.
- c) Anatomy scan – we will book this appointment with the patient in person at their NT appointment.

General Reminders:

- When booking follow-up appointments please note that we generally try to book 2 weeks after the patient's last scan.
- We require a BMI (Body mass index) for your patient. Based on this, patients' with a higher BMI will be scheduled later in her pregnancy. Some as late as 22 weeks. This allows us to obtain the best possible images for your patient.
- Estimated fetal weight scans must have a minimum of 2 weeks between scans to demonstrate measurable growth.