



glenmore maternity

GLENMORE LANDING

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www.glenmorematernity.com

Please complete this form and fax to our office.
We will contact patients directly for an appointment.

PATIENT INFORMATION

PLEASE PUT PATIENT LABEL HERE

Gravida: _____ Para: _____

Prior Ceasarian Section: Yes No

Wanting repeat Ceasarian Section: Yes No

Medications: _____

Significant Past Medical History: _____

Surgical History: _____

INVESTIGATIONS

- Provincial Labs (Prenatal testing - Initial Screening for pregnant women)
- CBC, Urinalysis
- Dating Ultrasound (if unsure of dates)
- Nuchal Translucency Ultrasound
- Pap Test
- Chlamydia and Gonorrhea Test (swab or urine)