



**Fetal Assessment Unit**  
Fax: 613-548-1320  
Tel: 613-548-1385  
76 Stuart St, Kingston, ON  
Kingston General – Kidd 5  
[www.KingstonHSC.ca](http://www.KingstonHSC.ca)

CR#: \_\_\_\_\_  
Name (Last, First): \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

## Obstetrical Ultrasound & Biophysical Profile

- Routine (1 week)       Urgent (1-2 days)       Emergency (Same day/call for availability)

*\*\*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: NO  YES  (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:

- First Trimester (dating/threatened abortion)       Placental Location (at 32 weeks)  
 Nuchal Translucency (11 weeks, 1 day – 13 weeks, 6 days)       Antepartum Hemorrhage  
 Anatomy (18-22 weeks as per BMI)       Amnio/CVS  
 Estimation of Fetal Weight (EFW >24 weeks)

#### Follow up of Anatomy:

- Limited Anatomy (prior scan done in KGH FAU)       Limited Anatomy (prior scan done external to KGH FAU)

Please specify area of interest: \_\_\_\_\_

- Detailed Anatomy (prior scan done in KGH FAU)       Detailed Anatomy (prior scan done external to KGH FAU)

### BIOPHYSICAL PROFILE SECTION:

Frequency:  Once       Twice Weekly       Weekly

#### Indication(s):

- Postdates (>41 weeks)       Small for Gestational Age       PPROM  
 Decreased fetal Movement       Oligohydramnios       Hydramnios  
 Pre-gestational Diabetes       Gestational Diabetes (on insulin)       Abruption  
 Preeclampsia/PIH       Chronic Hypertension       Presentation Only  
 Dopplers MCA       AFI       Placenta Previa  
 Cholestasis

### 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.