BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

Advanced Collaborative Care Plan (ACCP) Request Form

Fax: 604-875-2742

Referral For

PATIENT NAME OR LABEL

PHN: _____

Phone: _____

❒ Patient aware of ACCP request

G___ T___ P___ A___ L____
EDD: _____ □1st trimester U/S

Intended Mode of Delivery

❒ Vaginal Birth
❒ Induction Date/GA: _____

❒ Caesarean Birth Date/GA: _____

Consults Initiated

Maternal
- ❒ Maternal Fetal Medicine
- ❒ Obstetrician
- ❒ Anesthesia
- ❒ Internal Medicine
- ❒ Diabetes
- ❒ Hematology
- ❒ Perinatal Addictions
- ❒ Other: _____

Fetal
- ❒ NICU
- ❒ Cardiology
- ❒ PICU
- ❒ Pediatric Subspecialty: _____
- ❒ Canuck Place

Requests Will Not Be Processed Without:

- ❒ Antenatal Records 1 and 2
- ❒ Consultation Reports (Maternal)
- ❒ Consultation Reports (Fetal)
- ❒ Labs
- ❒ Diagnostic Imaging:
  - ❒ Obstetrical Ultrasound
  - ❒ Fetal Echo
  - ❒ Maternal Echo

Other:_____

Referral Timelines

- ❒ ≥ 8 weeks prior to anticipated delivery
- ❒ 3-8 weeks prior to anticipated delivery
  - ❒ Change in Health Status
  - ❒ New Concern Identified
- ❒ <3 weeks prior to anticipated delivery may not be accommodated and will be evaluated on a case by case basis

ACCP Request **MUST** come from Maternal MRP
MRP: _____
Office Phone: _____
Fax: _____
If a consultant determines an ACCP is appropriate, they MUST initiate the process through the MRP.

Indication(s) for Referral

Maternal
- ❒ Significant Disease(s)
- ❒ High Acuity Level of Care
- ❒ Complex Surgical Care
- ❒ Mobility Limitations
- ❒ Mental Health
- ❒ Complex Social Concerns
- ❒ Request for Care Variances
- ❒ Inter-Hospital Coordination

Fetal/Neonatal
- ❒ Significant Risk to Newborn Transition
  - ❒ Congenital Heart
  - ❒ Airway Management
  - ❒ Other: _____
- ❒ Significant Congenital Abnormality
- ❒ Higher Order Multiples (Triplets or greater)
- ❒ Palliative Care
- ❒ Multiple Service Coordination
- ❒ Inter-Hospital Coordination

❒ Other: _____

Referral Details:

Date: _____ Signature: _____

Developed By

Fetal Maternal Newborn Program – Senior Practice Leader

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
23-Apr-2019	C-06-06-60193 Advanced Collaborative Care Plan (ACCP) Request Form	Approved at: Perinatal Best Practice and Neonatal Leadership Committee

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