

Referral For An Obstetrician**Please note that incomplete forms will not be processed****Fax to Prenatal Clinic
(905) 830-5804**

The patient will be referred to the next available Obstetrician in line. If the patient wants a specific Obstetrician, you should refer directly to that Obstetrician's office.

Date Referral Made: / /

Referring physician: _____

Referring physician's billing #: _____

Patient name: _____

Address: _____

Patient's DOB: _____

Health Card #: _____

Patient's primary phone #: _____

Gravida: _____ Para: _____

Last menstrual period or expected due date (Need at least one or both): _____

If this is not the first pregnancy please answer the following questions:

Previous preeclampsia: yes noPrevious baby with weight < 10%: yes noPrevious preterm delivery < 36 weeks: yes noHas the patient previously been delivered at Southlake Regional Health Centre?: yes no

Current pregnancy complications: _____

Pertinent Health History: _____

Current Medications: _____

 Confirmed with patient that they plan to deliver at Southlake Regional Health Centre**Please send all supporting documentation including U/S and Bloodwork pertaining to present pregnancy.**