

Health Record #: _____	Complete or place patient label here	
Patient Name: <i>(Print first, last)</i> _____		
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____	
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>	

Maternal Fetal Medicine Clinic Referral

Please complete and fax to 905-830-5804

REFERRING PHYSICIAN / MIDWIFE INFORMATION	
Name:	Phone Number:
Address:	Fax Number:
Email Address:	OHIP Billing Number:

PATIENT INFORMATION	
Name:	Phone Number:
Health Card Number:	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
Does the patient need translator? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	
Gestational Age _____ weeks	Maternal Age: _____ years EDC: <u>dd</u> / <u>mm</u> / <u>yy</u>
Reason for Referral: <input type="checkbox"/> Pregnancy Consult <input type="checkbox"/> Non-Pregnant Consultation	
Maternal Concerns: <i>Explain:</i>	
Fetal Concerns: <i>Explain:</i>	

To process this referral, the following documentation is required:

- | | |
|---|---|
| <input type="checkbox"/> Antenatal Records | <input type="checkbox"/> Ultrasound Results |
| <input type="checkbox"/> All relevant antenatal blood work | <input type="checkbox"/> Reports from other specialists involved in this patient's care |
| <input type="checkbox"/> FTS / IPS / MSS / NIPT Results | <input type="checkbox"/> Other lab tests pertinent for referral |
| <input type="checkbox"/> Reports of abnormal findings in previous pregnancy or child (<i>e.g. Ultrasound, autopsy, chromosomes</i>) | |

FOR OFFICE USE ONLY

Return to referring caregiver for further information/documentation

Book in Clinic in _____ wks with Ultrasound without Ultrasound

1. CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, please contact the sender and destroy all copies of the original.