Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

Special Pregnancy Program (SPP)

416-586-8808 (Press 1 – Maternal Diseases; Press 2 – Fetal Medicine)
Ontario Power Generation Building, 3rd Floor, 700 University Avenue, Toronto, Ontario M5G 1Z5

Please complete all of the following information and fax to: 416-586-3216

Referred to (Physician's Name)**:**

Referring Physician / Midwife Information

Name: _____ Phone: (_____)_____

Address: _____ Fax: (_____)_____

E-mail: _____ OHIP Billing Number: _____

Patient Information

Name: _____ Phone: (_____)_____

Date of Birth: YYYY · MM · DD _____ Health Card Number: _____

Does patient need translator? ☐ No ☐ Yes Language: _____

Previous referral to another specialty in ***this*** pregnancy? Specify: _____

Reason for Referral: ☐ Consult ☐ Transfer of Care

Maternal Age: _____ yrs LMP: _____ EDC: _____ Gestational Age _____ wks

☐ Non-Pregnant Consultation

Maternal Concerns:
Explain:

Fetal Concerns:
Explain:

To process this referral, the following documentation is required:

- ☐ Antenatal records
- ☐ All relevant antenatal blood work
- ☐ FTS / IPS / MSS results
- ☐ Reports of abnormal findings in previous pregnancy or child (e.g. ultrasound, autopsy, chromosomes)
- ☐ Ultrasound Results
- ☐ Reports from other specialists involved in this patient's care
- ☐ Other lab tests pertinent for referral