

Special Pregnancy Program Ontario Fetal Centre / Medical Disorders in Pregnancy

Frances Bloomberg Centre for Women's and Infants' Health
3rd Floor, 700 University Avenue, Toronto, Ontario M5G 1Z5

Tel: 416-586-4800 x 7756

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: (____) _____

Email address: _____ OHIP Billing No. _____

Patient Information

Name: _____ Phone: (____) _____

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

Does patient need a translator? No Yes If yes, specify language: _____

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

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:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <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 Results | <input type="checkbox"/> Other lab tests pertinent for referral |
| <input type="checkbox"/> Reports of abnormal findings in previous pregnancy or child (e.g. <i>Ultrasound, autopsy, chromosomes</i>) | |

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