



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