

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 ext. 7756
Complete all of the following information and FAX to: 416-586-3216

Referred to (Physician's Name):	
Referring Physician / Midwife Information	
Name: Address: Email address:	Phone: () Fax: () OHIP Billing No.
Patient Information	
Name: Date of Birth: Does patient need a translator? No Yes If yes Previous referral to another specialty in <i>this</i> pregnancy? Reason for Referral: Consult Transfer of Care Maternal Age: yrs LMP: Non-Pregnant Consultation Maternal Concerns (explain):	Phone: () Health Card Number: s, specify language: EDC: Gestational Age: wks
Fetal Concerns Including Fetal Cardiac 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

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