Humber River Health

1235 Wilson Avenue
Toronto, Ontario
M3M 0B2
416.242.1000

Maternal Fetal Medicine Clinic Referral

☎ 416 242 1000 ext: 21450

Humber River Health, 1235 Wilson Avenue, Toronto ON M3M 0B2

Please complete all of the following information and fax to: 🖷 416-242-1137

Referring Physician / Midwife Information

Name: _____ Phone: (_____) _____

Address: _____ Fax: (_____) _____

E-mail: _____ OHIP Billing Number: _____

Patient Information

Name: _____ **Phone:** _____ **Date of Birth:** _____ **(DD/MM/YY)**

Health Card Number:_____

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

Gestational Age _____ weeks **Maternal Age:** ___ years **EDC:** _____ **(DD/MM/YY)**

Reason for Referral: ☐ Consult **Maternal** ☐ Non-Pregnant Consultation

Concerns:

Explain:

Fetal Concerns:

Explain:

To process this referral, the following documentation is **required:**

☐ Antenatal Records
☐ All relevant antenatal blood work
☐ FTS / IPS / MSS / NIPT 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

For Office Use Only

Return to referring caregiver for further information/documentation

Book in HRC in _____ wks ☐ with Ultrasound ☐ without Ultrasound