

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: _____	Phone: (____) _____
Address: _____	Fax: (____) _____
Email address: _____	OHIP Billing No. _____

Patient Information

Name: _____	Phone: (____) _____
Date of Birth: _____	Health Card Number: _____
Does patient need a translator? <input type="radio"/> No <input type="radio"/> Yes If yes, specify language: _____	
Previous referral to another specialty in this pregnancy? _____	
Reason for Referral: <input type="radio"/> Consult <input type="radio"/> Transfer of Care	
Maternal Age: _____ yrs	LMP: _____ EDC: _____ Gestational Age: _____ wks
Non-Pregnant Consultation <input type="checkbox"/>	
Maternal Concerns (explain): _____ _____	
Fetal Concerns Including Fetal Cardiac 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>)	