Humber River Hospital

1235 Wilson Avenue
Toronto, Ontario
M3M 0B2
416.242.1000

Maternal Fetal Medicine Clinic Referral

☎ 416 242 1000 ext: 21450

Humber River Hospital, 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:** ____________

Health Card Number:______________________________

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

Gestational Age _____ weeks **Maternal Age:** ___ years **EDC:** ____________

Reason for Referral: ☐ Consult ☐ Non-Pregnant Consultation

Maternal 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
☐ Ultrasound Results
☐ Reports from other specialists involved in this patient's care
☐ Other lab tests pertinent for referral
☐ Reports of abnormal findings in previous pregnancy or child *(e.g. Ultrasound, autopsy, chromosomes)*

For Office Use Only

Return to referring caregiver for further information/documentation
Book in HRC in _______ wks ☐ with Ultrasound ☐ without Ultrasound

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