



Midwifery Program Referral Form

CLIENT INFORMATION:

Legal Name: _____ Preferred Name: _____
 DOB: _____ | _____ | _____ Phone Number: _____
 Year Month Day
 Address: _____ Apt #: _____ Postal Code: _____
 HC#: _____ Version Code: _____
 Gender: Female Male Transgender Other: _____
 Pronouns: She/Her He/Him They/Them Unknown Other: _____

REASON FOR REFERRAL

PREGNANCY and SEXUAL HEALTH & REPRODUCTIVE SERVICES:

- Pregnancy, birth and postpartum care
- Postpartum and newborn care only
- Pregnancy options counselling
- Abortion care
- Pregnancy testing
- Contraceptive options including IUDs
- Other: _____

LACTATION SERVICES:

- Prenatal breastfeeding/chestfeeding education
- Difficulties latching
- Breast/Nipple pain
- Engorgement/blocked ducts/mastitis
- Low milk supply
- Slow weight gain
- Multiple gestation
- Preterm
- Tongue tie
- Previous breast surgery
- Pumping breastmilk difficulties
- Other: _____

Please indicate the urgency of your request:

- SAME DAY/NEXT DAY
- 1-2 WEEKS
- NON-URGENT



MEDICAL HISTORY:

Any significant, ongoing medical issues, unrelated to the pregnancy?

Current Medications:

Please complete additional information for PREGNANCY RELATED SERVICES:

Last Menstrual Period: _____ **EDB/Date of Birth:** _____

Based on: T1 u/s T2 u/s LMP Conception Date

G **T** **P** **A** **L**

of previous vaginal births: _____ **# of previous caesarean births:** _____

Has the client received prenatal care in this pregnancy? If YES, please circle provider type.

Yes: Midwife, Family MD, OBGYN, NP Name: _____

No Unknown Other: _____

Any significant medical conditions, related to the pregnancy (Gestational hypertension, Gestational Diabetes Mellitus, etc.)?

Yes (please specify): _____

No Unknown

Please complete the following information for NEWBORN CARE SERVICES:

Legal Name: _____ **D.O.B.:** _____

HC#: _____ **Version** **Code:** _____

Birth weight: _____

REFERRING PROVIDER INFORMATION:

Name: _____ **Clinic/Agency:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

Please fax referral and any relevant records to (807)622-3548

Thank you for your referral.