



**PARRY
SOUND
FAMILY
HEALTH
TEAM**

Parry Sound Family Health Team
60 Bowes Street, Suite 101
Parry Sound, Ontario, P2A 2L3
Rugged Shores Family Health 705.746.2181
Medical Associates 705.746.9382

Prenatal Care Clinic Referral Form

Patient Name:							
Address:							
Phone Numbers:							
Email:							
Patient Date of Birth:				Age:			
Patient OHIP with VC:							
G:		T:		P:		A:	
LMP:			EDD:			GA at time of referral:	

Please send the following documentation with the referral if available.

- Prenatal Clinic Labs
- Dating Ultrasound
- Perinatal records if available
- Pap and swabs (only if DUE, otherwise attach most recent results)
- *** any other relevant documentation as appropriate to the referral ***

When are you willing to resume care of this patient and her newborn?

Check one:

- Immediately upon hospital discharge
- At 2 months post-partum/ of age

Referring Physician			
Name:		Phone number:	
Signature:		Billing #:	
Date:			

Please **FAX** the completed referral form along with any other relevant documentation to

705.746.7758 or 705.746.4753

We will contact your patient directly to book an appointment.

Fax this form to 705.746.7758 or 705.746.4753