



## Old South Maternity Care Referral Form

208-190 Wortley Rd., London ON, N6C 4Y7

Tel: (519) 438-5101 Fax: (519) 438-0369

www.oldsouthmaternity.ca

Patient Label including OHIP #

***Please indicate your physician preference:***

- No preference / earliest available
- Dr. C. Smits
- Dr. L. Dales
- Dr. P. Hacking
- Dr. A. Wright

***Are you part of a FHT/FHO?***

- Yes
- No

***Clinical Info:***

- LMP: \_\_\_\_\_
- EDD: \_\_\_\_\_
- GTPAL: \_\_\_\_\_
- Number of previous C-sections: \_\_\_\_\_

***Please choose one of the following options:***

- Early referral / as soon as possible
- Shared care – transfer prenatal care at: \_\_\_\_\_ weeks Gest. Age.

***Please attach Antenatal Records, relevant patient information, and test results (prenatal screening, labs tests, ultrasounds)***

***Referral Date:*** \_\_\_\_\_

***Referring Physician's signature:***

\_\_\_\_\_

Physician's Stamp

Including OHIP billing #

***Please fax referrals to (519) 438-0369***