Thamesview
PREGNANCY CARE

Referral Form: DATE COMPLETED _____

Patient Name:
DOB:
Address:
Health Card:
Phone #:

Referring Provider: _____

Provider Phone #: _____ Provider Fax #: _____ _

Primary Care Provider: _____

Obstetrical History: G ___ T ___ P ___ A ___ L ___ EDC: _____ LMP: _____

Special Notes/Comments:

If completed, please attach Antenatal 1 and 2 + lab/ultrasound results.

Below Investigations not required prior to referral, but part of the routine investigations we will order:

- Prenatal ABO, RhD, Antibody Screen, CBC, TSH, Urinalysis, Urine Culture
- With Public Health Form: HIV, Hep B, VDRL, Rubella, Gonorrhea/Chlamydia (urine or cervix)
- Pap Smear only if due for this/appropriate
- Dating Ultrasound as per updated SOGC guidelines

Patients may be referred any time between 12 and 32 weeks of pregnancy. All patients will be returned to the care of their Family Physicians/Nurse Practitioner after delivery

FAX COMPLETED FORMS TO 519-354-6132

Dr. J Wolting is located at the Thamesview Family Health Team, 465 Grand Avenue, West, Chatham