Orillia Midwives

PREGNANCY, BIRTH & SEXUAL HEALTH

Client Referral Form

Date

Referred from

Name of Doctor/ Department

Patient details

First Name Last Name DOB:

Patient Address

Phone Number Email Address

Please mark off all relevant issues

- ☐ Early Pregnancy Care to 19+6
- ☐ Early Pregnancy Choices Counselling
- ☐ Early Pregnancy Assessment (Bleeding, suspected loss, known loss)
- ☐ Abortion
- ☐ Contraception
- ☐ Other

Relevant Medical History:
(Please list or attach all blood work and ultrasounds done or ordered so we can follow up appropriately)

Relevant Social History:

Fax 705 326 3732 (Clients can also self refer)

705-326-0000

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