



**TEMISKAMING
MATERNITY
CARE GROUP**
COMPREHENSIVE OBSTETRICAL
AND FAMILY CARE

Obstetrical Care Referral

PHONE: 705-622-2161

FAX REFERRALS TO: 705-672-5900

Date Completed:

Patient Name		Referring Provider Name: Provider Phone: Provider Fax: Primary Care Provider (if different from above): OR: I do not have a care provider, and I am completing this form myself <input type="checkbox"/>
Date of birth		
Address		
Phone number or email		

If you have no phone voice plan, but can respond via text or email only, please check here

First day of last menstrual period, if known:								
EDD if known:								
If your patient would prefer to be delivered by the same physician who followed them for prenatal care in their last pregnancy, we will make every effort to accommodate this.								
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dr. Alexander</td> <td><input type="checkbox"/> Dr. Lawson</td> </tr> <tr> <td><input type="checkbox"/> Dr. Besner</td> <td><input type="checkbox"/> Dr. Morency</td> </tr> <tr> <td><input type="checkbox"/> Dr. Barron</td> <td><input type="checkbox"/> Dr. Sears</td> </tr> <tr> <td><input type="checkbox"/> Dr. Currie</td> <td><input type="checkbox"/> No preference: first available physician, please</td> </tr> </table>	<input type="checkbox"/> Dr. Alexander	<input type="checkbox"/> Dr. Lawson	<input type="checkbox"/> Dr. Besner	<input type="checkbox"/> Dr. Morency	<input type="checkbox"/> Dr. Barron	<input type="checkbox"/> Dr. Sears	<input type="checkbox"/> Dr. Currie	<input type="checkbox"/> No preference: first available physician, please
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Referring providers: We ask all referrals for prenatal care be sent by 28 weeks GA; however, we do accept earlier referrals based on maternal/fetal risk factors, your comfort level, or for consultation purposes at earlier GA (GA=gestational age).								
If you would be willing to do shared OB care and patient & OB provider feel appropriate, please check here <input type="checkbox"/>								

Below investigations are not required prior to referral, but we appreciate their inclusion if completed previously. If self-referring, all investigations will be ordered for you at your first meeting if necessary.

- Completed Ontario Perinatal Record (pages 1, 2 and 3)
- Prenatal labs: ABO, Rh, Antibody screen; CBC, urine culture
- Public health labs: HIV, Hepatitis B surface antigen, VDRL, Rubella, Gonorrhea/Chlamydia
- Date and results of last pap smear
- All ultrasounds performed thus far in pregnancy

Would your patient like to be seen in person, or through Telehealth? This service is available to patients from Englehart and Kirkland Lake to help minimize driving time to see us. <p style="text-align: center;">In person Telehealth</p> <i>Please note that at this time, Drs. Barron, Currie, Lawson and Sears provide OTN consultation through Temiskaming Hospital.</i>
For transportation reasons, is there a community where your patient would prefer to be seen? <p style="text-align: center;">New Liskeard Haileybury Cobalt No preference</p>
If your patient has had a previous C-section, are they planning a repeat C-section? <p style="text-align: center;">Yes No Unsure at this time</p>

Thank you for your referral! We look forward to caring for you in your pregnancy.