



**TEMISKAMING
MATERNITY
CARE GROUP**

COMPREHENSIVE OBSTETRICAL
AND FAMILY CARE

Obstetrical Care Referral

PHONE: 705-672-3371, ext. 241 or 245

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

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.	
<input type="checkbox"/> Dr. Alexander <input type="checkbox"/> Dr. Besner <input type="checkbox"/> Dr. Currie	<input type="checkbox"/> Dr. Lawson <input type="checkbox"/> Dr. Morency <input type="checkbox"/> Dr. Sears <input type="checkbox"/> No preference: first available physician, please
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 an earlier gestational age.	
If you would be willing to do shared OB care and patient & OB provider feel appropriate, please check here <input type="checkbox"/>	
If your patient is not planning delivery at Temiskaming Hospital but requires a local OB provider for shared care, please check here <input type="checkbox"/>	

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. <div style="display: flex; justify-content: space-around;"> In person Telehealth </div> <p><i>Please note that at this time, Drs. Besner, Currie, Lawson, Morency and Sears provide OTN prenatal care.</i></p>
For transportation reasons, is there a community where your patient would prefer to be seen? <div style="display: flex; justify-content: space-around;"> New Liskeard Haileybury Cobalt No preference </div>



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Please complete and include the following information with your referral.

All incomplete referrals will be returned pending receipt of all requested information.

If self-referring, all investigations will be ordered for you at your first meeting if necessary.

Please include the following documentation with your referral:

- Completed Ontario Perinatal Record (pages 1, 2 and 3)
- Patient's CPP, including current medication list
- Prenatal labs: ABO, Rh, Antibody screen; CBC, urine culture
- Public health labs: HIV, HBsAg, anti-HCV, VDRL, Rubella, Gonorrhea/Chlamydia
- Date and results of last pap smear
- All ultrasounds performed thus far in pregnancy

Please answer the following questions:

1. EDD (or LMP if due date unknown):			
If your patient has had a previous C-section:		<input type="checkbox"/> Not applicable	
2. How many previous C-sections?	1	2 or more	
3. Are they planning a repeat C-section?	Yes	No	Unsure at this time
4. Patient's current BMI:			
5. Does your patient have any of the following high-risk conditions?			
<input type="checkbox"/> Current BMI \geq 45			
<input type="checkbox"/> Insulin dependent diabetic			
<input type="checkbox"/> Current use of narcotics			
<input type="checkbox"/> Multi-fetal gestation OTHER THAN dichorionic-diamniotic twins			

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

Updated July 4, 2022