



Halton Family Centered Maternal Care

Fax: 905 338 4119

Email: fmog@haltonhealthcare.com

Patient Name: _____ Referring MD: _____
Date of Birth: _____ Tel: _____
Healthcard #: _____ Fax: _____
Tel: _____ Referral # _____
Address: _____

Patient enrolled in PEM: Yes No

Please attach all relevant investigations.

****Patient's must have completed a dating ultrasound >7+0 weeks gestation.***

Clinical information:

Past Medical History:

Medications:

Allergies:

Obstetrical History: Gravida # Term # Preterm# Abortion # Living#
Spontaneous vaginal delivery # Caesarean section #

LMP: _____ Gestational Age by Dates: _____ Estimated Date of Delivery: _____

Shared Care Complete Care

Requesting first available provider

Requesting specific provider

Dr. Emeka Anosike, Palermo
Dr. Jasreen Cheema, Clarkson
Dr. Lesley Leung, Oak Park
Dr. Anisha Prasad, Trafalgar
Dr. Alicia Rajwani, Cooksville

Dr. Irum Rizwan, Dorval
Dr. Subani Selvarajah, Palermo
Dr. Sarah St. James, Oak Park
Dr. Stephanie Swan, Trafalgar
Dr. Joanna Tang, Trafalgar
Dr. Lily Wu, Cooksville

Please consider ordering the following tests:

- Dating ultrasound (*required for referral)
- Prenatal screening eFTS or NIPT 11-13w6d
- T1 labs: CBC, TSH, Blood group and Antibody testing, consider Hb electrophoresis (if risk factors). Urine for R+M, C+S, GC and CT.
- Public Health pregnancy labs: Rubella, HepBsAg, syphilis testing, HIV.
- Consider Parvovirus immunity if risk factors (works with children or has another child at home.)
- Consider Varicella immunity if no clear history of illness or vaccination.