



**Family Health Centre
Crown Point Midwifery**

67 KENILWORTH AVE N, LOWER LEVEL
HAMILTON, ONTARIO L8H 4R6
TELEPHONE (905) 547-2302
FASCIMILE (905) 548-9722
PAGER (905) 481-0707

Mona Abdel-Fattah, RM
Liz Darling, RM
Kate Demers, RM
Emily Gillard, RM
Christine Sandor, RM

Midwifery Referral Form – Expanded Scope

****Please note since midwives do not bill OHIP there is no risk of negation or need to de-roster enrolled patients****

First Name	Last Name	Date	
Address	Unit	City	Postal Code
DOB	Health Card Number	<input type="checkbox"/> Confirm ok to leave message	
Phone #			
Physician/Midwife Name	Physician/Midwife Phone Number	Physician/Midwife Fax Number	

Urgent Referrals

Fax referral form to 905-548-9722 and have client/patient call pager at: 905-481-0707

Emergency Contraception <input type="checkbox"/> Ella (ulipristal acetate) <u>OR</u> <input type="checkbox"/> Copper IUD <u>OR</u> <input type="checkbox"/> Undecided/requires counseling
Mifegymiso <input type="checkbox"/> Early pregnancy loss (criteria <12 wks gestational age; confirmed loss by u/s or bloodwork) <input type="checkbox"/> Medication termination of pregnancy (criteria <9 wks gestational age)

Non-Urgent Referrals

Fax referral form to 905-548-9722

Contraception <input type="checkbox"/> IUD insertion (Note: Mirena and Kyleena are covered by ODSP, OW and OHIP+) <input type="checkbox"/> Has IUD Rx (type: _____) <u>OR</u> <input type="checkbox"/> Requires counselling and Rx <input type="checkbox"/> Nexplanon <input type="checkbox"/> Has Rx (type: _____) <u>OR</u> <input type="checkbox"/> Requires counselling and Rx
Group/Information sessions <input type="checkbox"/> Postpartum midwife facilitated peer support group <input type="checkbox"/> Prenatal midwife facilitated peer support group <input type="checkbox"/> Menopause information session
Other <input type="checkbox"/> Please specify: _____

Notes: _____
