WRHN
Waterloo Regional Health Network

OBSTETRIC ROSTER REFERRAL FORM

For expectant patients who need access to an obstetric provider at WRHN @ Midtown Patients must reside in the KW 4 region: Waterloo, Wellesley, Wilmot or Woolwich - to be accepted for roster.

Please complete the entire form and fax to 519-749-4433

Incomplete forms will not be processed

Roster referrals must include:

- ○ Dating Ultrasound
- ○ Prenatal Bloodwork (CBC, prenatal group and screen, VDRL, Hep BsAg, HIV and rubella)
- ○ NT/eFTS (if available)

Referral source:

○ PCP ○ WIC ○ ER ○ OTHER

Name PCP: _____

Referring Provider: _____

Billing #: _____

Phone: | Fax:

Patient Name:
Date of Birth:
Address:
City:
Postal Code:
Phone #:

OHIP #: | Email Address:

Gestational Age: _____ weeks **EDC: _____**

Past Hx of Cesarian Section	○ Y	○ N
Is this a **high risk pregnancy**	○ Y	○ N
Translation services needed? Language: _____	○ Y	○ N
Does this patient have a Family MD to follow until 24 weeks?	○ Y	○ N

HIGH RISK PREGNANCY

Type 1 DM or Type 2 DM
Hypertension or prev HELLP
Twin Gestation
Previous C/S or Myomectomy
Previous Preterm Delivery
Pre pregnancy BMI > 40
Previous IUGR
Complicated Medical Hx

WRHN Clerical: ○ Sent to Patient Accounts Date: _____

Assigned Provider: _____

Faxed Date: _____

The assigned obstetric provider will call patient directly with their appointment time.
Please allow 2-4 weeks for processing.