



Inspiring Innovation and Discovery

Obstetric Internal Medicine Clinic

Medical Complications in Pregnancy

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McMaster University Medical Centre

Boris Clinic – 4th Floor, yellow section

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Referral Form

Date:

Referring MD:

Referring physician billing number (OHIP):

Patient name:

D.O.B (mm/dd/yyyy):

Health card #:

HHS unit # (if available):

Patient's address:

Patient's contact information:

Home:

Cell:

Other:

Email:

Reason for referral (**must include** gestational age, EDD, or if the referral is for preconception):

Relevant past medical history, obstetric history, and medications:

Please attach all relevant labs and investigations with your referral and fax to 905-524-5500.

Note, we are not Obstetricians, kindly forward referrals for obstetric and antenatal care to your preferred provider.

For office use only

Date received:

Date triaged:

Triaged by:

Accept/Decline/Redirect

Book 24-48 hr/1 week/1 month/next available

Low risk/Moderate risk/ High risk

Phone or In-person

Comments: