



Eccles Branch  
55 Eccles Street  
Ottawa, ON K1R 6S3  
Tel: 613-238-1220  
Fax: 613-235-2982

**Referral Form Family Medicine Obstetrics**

*The patient will be contacted directly with appointment date and time.*

**FAX TO 613-235-2982**

Date: \_\_\_\_\_

***Referring Provider Information:***

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

OR OFFICE STAMP

**Patient Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
HIN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Tel: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
OR AFFIX LABEL

**Referral to:**

- Dr. Elena Charapova
- Dr. Megan Williams
- Next available physician
- Dr. Dona Bowers
- Dr. Sarah Rice

**EDD 20** \_\_\_/\_\_\_/\_\_\_  
Year Month Day

**Would you like us to provide:**

- Complete Prenatal Care?
- Shared Prenatal Care?

**Please provide the following supporting documents:**

- Antenatal 1 and 2
- Ultrasound
- Pap and Swab results
- Blood Work (CBC, TSH, ABO, Rh, antibodies, HBSAg, HIV, Rubella, Syphilis)
- Adacel date given: \_\_\_\_\_
- Prenatal Genetic Screening (IPS/FTS/NIPT/MSS)

**\*\*Mom and baby will be returned to you!\*\***

*If you need additional referral forms please go to our website  
[www.swchc.on.ca/our-programs](http://www.swchc.on.ca/our-programs)*