

**Midwifery Services Referral Form** 

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Date (that form is complete	d):	I M M Y Y Y Y	Address		
Alternate Name (if different)	1		Pronoun		
Which midwifery clinics wou  ☐ Access Downtown (640 M	ıld you be able ain Street)	e to go to for appointments? (Select	t all that apply) (280 Booth Drive)	□ Мог	unt Carmel Clinic (886 Main Street)
		☐ Yes Language: ☐ Yes Language:			
Primary Phone: Secondary Phone:		□ - □ □ Home □ - □ □ Home	☐ Cell Okay to	o leave a message:	
When was the first day of ye	our last mensti	rual period? L L L L			
Estimated due date (if know	/n)?	D D N		_	
		cluding this one?			
•	•	Manitoba? □ No □	☐ Yes ☐ Unknown		
Have you received prenatal	care for this p	regnancy?	☐ Yes ☐ Unknown		
Have you had a C-Section?		🗆 No	☐ Yes If yes, how ma	any?	<b>-</b>
Do you have any significant If yes, specify:		ons (diabetes, high blood pressur	e) or do you take any n	nedications?	□ No □ Yes
Do you identify as: • Indige	nous (First Nation	ns, Metis or Inuit) • Person with a D	ntal Health Concerns		□ No □ Yes □ Unknown
		. ☐ Birth Centre ☐ Home ☐ . ☐ Healthcare Provider ☐ C			elf-Referral
Provider Name:			_ Phone: L		
Family Medicine Obstetrica with a family-centered appro- If you are not accepted into	l Network is a goach and facili Midwifery Car	group of family doctors who provi tate births at either St. Boniface F e, do you agree that your informa	de care during pregnan lospital or Women's Ho tion be shared with the	cy, birth, and after bi spital. For more info Family Medicine	rth. They promote natural birth rmation, call 204-632-3640.
A referral does not mean Applicants and referring h		nto midwifery care. oviders will be contacted by Mic	lwifery Services withi	n 3 weeks of submi	ission.
Non-	EMR Users: Fa Referral: A 1) 2)	ask completed form in Accuro to Clinicax completed form to 204-594-0907 pplicants should complete one of the Fax completed form to 204-594-090 Call the midwifery intake line at 204 Complete a midwifery interest form	following: 17 -947-2422 ext. 307	,	EMR - Electronic Medical Record

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