MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex

Special Pregnancy Program (SPP)

☎ **416-586-8808 (Press 1 – Maternal Diseases; Press 2 – Fetal Medicine)**

Ontario Power Generation Building, 3rd Floor, 700 University Avenue, Toronto, Ontario M5G 1Z5

Please complete all of the following information and fax to: 416-586-3216

Referred to (Physician's Name):_____

Referring Physician / Midwife Information

Name: _____ Phone: (____)_____

Address: _____ Fax: (____)_____

E-mail: _____ OHIP Billing Number: _____

Patient Information

Name: _____ Phone: (_____)_____

Date of Birth: _____ Health Card Number: _____
YYYY · MM · DD

Does patient need translator? ☐ No ☐ Yes Language: _____

Previous referral to another specialty in ***this*** pregnancy? Specify: _____

Reason for Referral: ☐ Consult ☐ Transfer of Care

Maternal Age: _____ yrs LMP: _____ EDC: _____ Gestational Age _____wks

☐ Non-Pregnant Consultation

Maternal Concerns:
Explain:

Fetal Concerns:
Explain:

To process this referral, the following documentation is required:

☐Antenatal Records
☐All relevant antenatal blood work
☐FTS / IPS / MSS Results
☐Ultrasound Results
☐Reports from other specialists involved in this patient's care
☐Other lab tests pertinent for referral
☐Reports of abnormal findings in previous pregnancy or child *(e.g. Ultrasound, autopsy, chromosomes)*