

## Client Referral Sheet

for  
The Hamilton Midwives  
189 Hughson Street South  
Hamilton, ON L8N 2B6  
Phone: 905-527-8919  
Fax: 905-527-9508  
www.hamiltonmidwives.ca  
info@hamiltonmidwives.ca

Date currentDate.short ☐ 1st Time ☐ Rpt Client ☐ Midwife/midwives requested \_\_\_\_\_

patName patStreetAddress , patProvince , patPostalCode  
Name Address

patHomePhone.default patBirthdate.short  
Phone DOB d/m/y

Would you like us to contact your pateint directly? ☐ Yes ☐ No

Gravida \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_ Abortses \_\_\_\_\_ Living \_\_\_\_\_

# of previous vaginal birth(s) \_\_\_\_\_ # of previous caesarean section birth(s) \_\_\_\_\_

LMP \_\_\_\_\_ Estimated Due Date \_\_\_\_\_

Dating Ultrasound ☐ Yes ☐ No

Medical problems, presently or in the past ☐ Yes ☐ No

Prescription medication at this time? ☐ Yes ☐ No

If yes, please list

Family Doctor: Name patMdName Ph patFam.phone.default Fax patFam.fax.default  
Address patFam.addrLine1 , patFam.city , patFam.province , patFam.postalCode

### NOTES: