



# Vancouver Division of Family Practice

A GPSC initiative

## Referral Form

To refer a patient for maternity care, please select the maternity care doctor of your choice using the **Find A Doctor** page: [www.pregnancyvancouver.ca//find-a-maternity-care-doctor/](http://www.pregnancyvancouver.ca//find-a-maternity-care-doctor/)

Please fax or e-mail the referral note along with all relevant pregnancy information to the office (ultrasound, blood work, pap test). The doctor's office will contact the patient with the date and time of appointment. Alternately, please have your patient call the doctor's office for an appointment.

### PATIENT INFORMATION:

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

Date of Birth: Year: \_\_\_\_ / Month: \_\_\_\_ / Day: \_\_\_\_

Medical Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Other Phone: ( \_\_\_\_ ) \_\_\_\_\_

### LMP/Other Info:

### REFERRING PHYSICIAN:

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

MSP Number: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_