



Obstetric Medicine
Medical Complications in Pregnancy Clinic
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 Boris Clinic – 4th Floor, yellow section
 Phone: 905.521.2100 Ext 76992 Fax: 905.524.5500



Referral Form

Date:

Referring MD:

Referring physician billing number (OHIP):

Patient name:

D.O.B (mm/dd/yyyy):

Health card #:

HHS unit # (if available):

Patient's address:

Patient's contact information:

Home:

Cell:

Other:

Email:

For office use only

Date received:

Date triaged:

Triaged by:

Accept/Decline/Redirect

Book 24-48hrs/1 wk/1 mth/next available

Low risk/Moderate risk/ High risk

Comments:

Reason for referral (include gestational age, EDD or if the referral is for preconception):

Relevant past medical history, obstetric history and medications:

Please attach all relevant labs and investigations.

Fax referral to 905-524-5500 – referrals will be triaged and patients will be contacted by our office to make an appointment.