



Prenatal Clinic

This prenatal clinic is intended for expectant patients residing in Cambridge who require prenatal care and are currently without a family doctor or nurse practitioner.

Patient Information

Date of Referral:	
Patient Name: <i>Preferred Pronouns:</i>	Date of Birth (DD/MM/YYYY):
Phone Number:	Address: City:
Health Card Number:	Emergency Contact:
E-mail:	
Translator Required: Yes / No	Spoken Language:
Do you have a current family doctor or nurse practitioner? Yes / No	

Pregnancy/Medical Information

Date of Last Menstrual Period:
Number of Previous Pregnancies:
Previous Pregnancy Complications, Terminations, etc.:
Pregnancy Status Confirmation: <input type="checkbox"/> at home test <input type="checkbox"/> blood test <input type="checkbox"/> ultrasound Where was the ultrasound done? _____
Name of provider who ordered the blood test/ultrasound? _____
Consent to Retrieve Previous Prenatal Testing I consent to the Langs Prenatal Clinic contacting laboratories, imaging centres, and health-care providers to obtain copies of my previous prenatal testing (including blood work and ultrasounds) for the purpose of coordinating my prenatal care. <input type="checkbox"/> Yes , I consent to Langs retrieving my previous records. <input type="checkbox"/> No , I do NOT consent to Langs retrieving my previous records.
Expected Due Date (if known):
Current Medications:
Allergies:
Pre-Existing Medical Conditions

Referral Source

Self Referral: Yes / No
Referring on behalf of someone else: Yes / No
Is the person aware of this referral? Yes / No

Please submit your completed referral by fax (519-653-6277) or e-mail (primarycare@langs.org) or drop it off in person to the medical reception desk at Langs.