Prenatal Clinic

Langs: 1145 Concession Rd Cambridge, ON N3H 4L5
NDCHC: 2958 Greenfield Rd Ayr, ON N0B1E0
Phone: 519-653-1470 ext 343
Fax: 519-653-6277

Patient Information

Date of Referral:	
Patient Name: *Preferred Pronouns:*	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 Information

Date of Last Menstrual Period:
Number of Previous Pregnancies:
Pregnancy Status Confirmation: ☐ at home test ☐ blood test ☐ ultrasound
Expected Due Date (if known):

Medical Information

Current Medications:
Allergies:
Pre-Existing Medical Conditions:
Family Medical History:
Previous Pregnancy Complications, Terminations, etc.:

Referral Source

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

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.