

363 Colborne St, Brantford ON N3S 3N2  
Fax: 519 754-0757

## Outreach Midwifery Self-Referral Form

### Services Requested: (please tick any that apply)

- ☐ **Lactation Consultant Care** (any age baby breast/chest feeding with issues)

We can help with any problems you are having with feeding. For example, sore nipples, latch problems, baby not gaining weight well. We weigh babies and provide support and medical advice around feeding issues.

- ☐ **Midwifery Postnatal Care** (for parent or baby)

We can provide medical care for you and your baby for the first 6 weeks after birth.

- ☐ **Midwifery Prenatal Care** (Midwife will arrange referral to Obstetrics for delivery care)

We can provide medical care as soon as you realize you're pregnant. We order ultrasounds and bloodwork and give advice and support. We are not on call and don't deliver babies.

\*\*\*\*\* Please note Due Date: \_\_\_\_\_

- ☐ **Birth Control Counselling and Prescribing**

We can give you information about your options and can prescribe all forms of birth control.

- ☐ **IUD/Nexplanon Insertions or Removals**

We can insert or remove IUDs or Nexplanon (which is a hormonal implant placed in your inner upper arm)

- ☐ **Pap Tests**

We can perform Pap tests for you and copy the results to your Doctor.

**Priority for booking you for our services will be given to the populations listed below; however, please feel free to request our services if you are do not fall into the populations below and we will book you in if we have space.**

### Priority Populations: (please tick any that apply)

- ☐ People with Mental Health Diagnoses and/or Addictions
- ☐ People with No housing or Precarious Housing
- ☐ Newcomers
- ☐ People under the age of 26
- ☐ 2SLGBTQIA+
- ☐ People from Low Income Households
- ☐ IBPOC (Indigenous, Black, Person of Colour)

**We will notify you as to whether we can accommodate your referral within a maximum of 7-10 business days.**

#### Your Information:

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Admin Staff Use Only : D \_\_ Date:

MS\_\_ Date:

#### Your Baby's Information:

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

Address: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

DOB: \_\_\_\_\_