

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.

- 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 (**International Students – refer to your School's Health Care Programs**)
- People under the age of 26
- 2SLGBTQIA+
- People from Low Income Households
- IBPOC (Indigenous, Black, Person of Colour)

*we may contact you for more information.

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: _____

OHIP Number: _____

DOB: _____

Your Baby's Information:

Name: _____

Address: _____

OHIP Number: _____

DOB: _____

Admin Staff Use Only : D __ Date:

MS__ Date: