



South Island Indigenous Midwifery Service (SIIMS)

RM Cell: (236) 638-1679

Fax: (778) 405-5339

Email: midwives@vnfc.ca

Referral Form

Date of Referral: _____

Urgency of Referral

- Urgent (within 48 hours, please call RM Cell)
- Non-Urgent (within 1 – 2 weeks)

Does the client identify as Indigenous?

- Yes: Inuit FN Métis
- No

Does partner identify as Indigenous?

- Yes: Inuit FN Métis
- No

Nature of Referral (Please check ALL that apply)

- Full perinatal care (prenatal/labour/postpartum)
- Transfer from northern community
- Antenatal Care (will relocated before delivery)
- Postpartum Care (transfer into our care after delivery)
- Lactation Support
- Newborn Care (Indigenous adoption / surrogacy)
- Sexual Health (pregnancy – 12 weeks postpartum)
- Reproductive Care (pregnancy –12 weeks postpartum)
- Family Support
- Consult – Please indicate who & when RM can call

Referring Provider Information

Name _____

MSP Billing # _____

Urgent Contact # _____

Client Information

Name	(first last)	
Pronouns		
Provincial Health Number		
Date of Birth		
Address		
Cell Number		
Email		
Preferred method of contact	(call/text/email)	
Can a voicemail be left?	(yes/no)	
Expected Due Date	(Date/Mon/Year)	
Date of Birth for Infant	(Date/Mon/Year)	

Referral Notes (Please attached perinatal records if available)