



Referral Form: MATCH Perinatal Vaccine Drop-in Clinic

Inclusion Criteria for MATCH Perinatal Vaccine Clinic:

- Client of GTA midwifery practice group
- Client is uninsured or has IFHP
- Seeking TDAP or flu vaccine (seasonal availability)
- Client has been pre-registered by their referring midwife

Vaccine Clinic Details:

Location: South Riverdale CHC - 955 Queen Street East

Dates: 2nd and 4th Mondays

Times: 2:00-4:00, first come first serve (patient registration starts at 1:45, last patient registered at 3:30)

Referral Process:

1. To refer your client for this drop-in, fax the following to the MATCH program at **(416) 461-8245** as pre-registration:

- Completed referral form
- [GLJA](#) completed by client
- SRCHC [Consent form](#) completed by client

Please do not send antenatals or labs for TDAP or flu vaccine visits.

2. Provide your client with the following:

- [MATCH Vaccine Drop-In Client Handout](#). For TDAP vaccine, please calculate best drop-in clinic dates for your client to attend based on gestational age.
- [Health Equity Questionnaire](#) which clients can bring *completed* to SRCHC on the day of the vaccine visit.

Clients who attend without pre-registration will be asked to return to their referring RM to have this process initiated; pre-registration is required for this clinic.

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Referring Midwife Information:

RM stamp/label	RM Name: MPG Name: Clinic Fax: Clinic Phone:
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Client Information:

Vaccine: TDAP Flu

EDD:

Allergies:

Client label	Name: DOB: Phone number: Address:
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Socio Demographic Questions for SRCHC Registration:

As a Community Health Centre we collect socio demographic details about the clients we serve as part of the way care is accounted for and best provided. With the client's consent, please fill out the following:

Ethnicity:

English Speaking: Yes No

Interpretation Needed: Yes No Language:

Insurance Status: Uninsured IFHP Other

