MATCH
MIDWIFERY & TORONTO COMMUNITY HEALTH

Provider Referral to MATCH Program

This referral is: ☐**URGENT** ☐**NON-URGENT**

REFERRING PROVIDER INFORMATION (NOTE – WE ACCEPT REFERRALS FROM CLINICAL OR NON-CLINICAL PROVIDERS)

Name:_____Role:_____

Clinic/Agency Name:_____

Address:_____Postal Code:_____

Office Phone:_____ Ext:_____ Office Fax:_____

For medical abortion referrals fax any of the following available records:

☐Dating & location of pregnancy ultrasound
☐CBC
☐Beta hCG
☐Blood group and screen
☐Chlamydia & gonorrhea

CLIENT INFORMATION

Legal Name: _____ **Preferred Name:**_____

DOB: _____|_____|_____ **Age:**_____ **Phone number:**_____
Year Month Day

Address:_____ **Apt #:**_____**Postal Code:**_____ ☐ No fixed address

☐ Health Card #_____version code:_____ ☐ IFH#:_____☐ Non-insured

Gender: ☐ Female ☐ Male ☐ Trans ☐ Female ☐ Non-binary ☐ Unknown ☐ Other: (specify)_____

Preferred pronouns: ☐She/Her ☐He/Him ☐They/Them ☐Unknown ☐Other: (Specify)_____

Which type of care are you referring your client to MATCH for:

☐ Pregnancy, birth and postpartum care
☐ Abortion care
☐ Vaccines (non-insured clients only, please submit a perinatal vaccine clinic referral form)
☐ Other: _____
☐ Pregnancy options counselling
☐ Pregnancy testing

For pregnancy care referrals please fax any of the following available records:

☐Ontario Perinatal Record
☐Group and Screen
☐Genetic testing
☐OGCT or OGTT
☐CBC
☐Public Health Prenatal labs
☐Pregnancy ultrasounds
☐STI testing, urine culture and screening

South Riverdale COMMUNITY HEALTH CENTRE
South Riverdale Community Health Centre - SRCHC
@SRiverdaleCHC
srchc.ca

MATCH Program
South Riverdale Community Health Centre
955 Queen Street East, Toronto, Ontario
Phone: (416) 461-2493 Fax: (416) 461-8245 match@srchc.com

Provider Referral to MATCH Program

EBD: _____ **Based on** ☐TI u/s ☐T2 u/s ☐LMP ☐Conception Date

G ☐ **T** ☐ **P** ☐ **A** ☐ **L** ☐

# of previous vaginal births: _____

# of previous caesarean births: _____

Do you have any other relevant information for the midwifery team?

Please return this referral and any relevant labs/ultrasounds/pregnancy records by fax to:

(416) 461-8245

The MATCH team reviews all intakes regularly. We usually respond within 24-48 hours.