



MATCH

MIDWIFERY & TORONTO
COMMUNITY HEALTH



South Riverdale
COMMUNITY
HEALTH CENTRE

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



Provider Referral to MATCH Program (page 1/2)

This referral is: ☐ URGENT ☐ NON-URGENT

REFERRING PROVIDER INFORMATION (Note: We accept referrals from clinical and non-clinical providers)

Name: _____ Role: _____

Agency: _____

Address: _____ Postal Code: _____

Office Phone: _____ Ext: _____ Office Fax: _____

CLIENT INFORMATION

Legal Name: _____ Preferred Name: _____

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

Address: _____ Apt #: _____ Postal Code: _____

Email: _____ Can leave voicemail? ☐ Yes ☐ No

☐ No fixed address (notes:) _____

Insurance status ☐ Uninsured ☐ IFHP ☐ Private (incl. international student insurance) ☐ OHIP ☐ Unknown

Needs interpreter? ☐ Yes ☐ No If yes, language: _____

Sex assigned at birth: ☐ AFAB (assigned female) ☐ AMAB (assigned male) ☐ Intersex ☐ Unknown

Gender (choose one): ☐ Trans ☐ Cis ☐ Unknown

Gender (choose one): ☐ 2Spirit ☐ Nonbinary ☐ Female ☐ Male ☐ Unknown ☐ Other: _____

Pronouns: ☐ She/Her ☐ They/Them ☐ He/Him ☐ Unknown ☐ Other: _____

Please **fax** this form and any other records to **416-461-8245**

The MATCH Program reviews intakes regularly, we usually respond within 48-72h



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The MATCH Program provides high quality, wraparound sexual, reproductive and mental healthcare with a focus on people who face barriers to accessing care. This (optional) sociodemographic information helps us provide appropriate and comprehensive supports. Please check any/all that apply.

Racial/ethnic background _____

Sexuality: ☐ 2Spirit ☐ Queer ☐ Bi ☐ Pan ☐ Lesbian ☐ Gay ☐ Ace ☐ Straight ☐ Unknown

Housing: ☐ Homeless (shelter) ☐ Homeless (no shelter) ☐ Staying with friends/family ☐ Rent ☐ Own ☐ Unknown

Immigration status: ☐ Refugee/Refugee claimant ☐ Asylum seeker ☐ Temporary status (student, work permit)

☐ No status, resident of ON ☐ Visitor status, non-resident ON ☐ Citizen/permanent resident ☐ Unknown

Income: ☐ OW ☐ ODSP ☐ No income ☐ Unstable/low income ☐ Stable employment ☐ Unknown

Substance use: ☐ Past history ☐ Current use ☐ None ☐ Unknown

Social supports: ☐ Isolated ☐ Minimal family supports ☐ Professional supports ☐ Strong family supports

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

- ☐ Pregnancy, birth and postpartum care (up to 8 weeks postpartum)
(Please note as of May 2025: collaborative model of labour/birth care with obstetrics at Michael Garron Hospital)
- ☐ Pregnancy options counselling
- ☐ Abortion care (medication abortion up to 11 weeks GA)
(Please note: we offer free, point of care ultrasound for abortion care by midwives in our clinic)
- ☐ Abortion system navigation supports (especially >12wk GA)
- ☐ Contraception counselling and Rx
- ☐ Pap testing or STI testing
- ☐ Miscarriage care (please consider a referral to our team at the MGH Early Pregnancy Clinic) -->
- ☐ Other: _____



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

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

For medication abortion referrals please fax any of the following available records:

- ☐ ultrasounds (dating) ☐ Beta hCG ☐ CBC

EDB: _____ Based on: ☐ T1 U/S ☐ T2 U/S ☐ LMP ☐ Conception ☐ Unknown

G T P A L

Provider Referral to MATCH Program Page 22

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