

# Ontario Neonatal Follow-Up Program Referral Form

Birth hospital:

Hospital transferred from:

1st appointment: YYYY/MM/DD

Appointment handout given: Y/N

Follow-up referral made to: see reverse for programs

Shared care eligible: Y/N

Current Name:	Age at Birth: ___ weeks ___ days
Birth Surname:	Weight: _____ grams
Expected Due Date: YYYY/MM/DD	DOB: YYYY/MM/DD
Date of discharge home: YYYY/MM/DD	
Parent's (1) Name:	Phone (Home):
Address:	Phone (Cell):
Parent's (2) Name:	Phone (Home):
Address: Same as above Y/N	Phone (Cell):
Community primary practitioner:	
<b>Criteria for Follow-Up Program</b> (as per Neonatal Follow-Up Levels of Care, <a href="http://www.pcmch.on.ca">www.pcmch.on.ca</a> )	
<input type="checkbox"/> Regional NICU	<input type="checkbox"/> Tertiary Care NICU
<input type="checkbox"/> Gestational age between 30 0/7 weeks to 33 6/7 weeks <input type="checkbox"/> BW or HC less than 3rd percentile <input type="checkbox"/> Hyperbilirubinemia at exchange transfusion level for gestational age <input type="checkbox"/> Symptomatic hypoglycemia <2.2mMol over 6h requiring intensive monitoring <input type="checkbox"/> IUD of a twin if surviving twin born <36 6/7 weeks <input type="checkbox"/> Other:	<input type="checkbox"/> Gestational age < 30 weeks <input type="checkbox"/> Bronchopulmonary dysplasia (defined as O2 requirement at 36 weeks) <input type="checkbox"/> HIE Sarnat Level 2 or 3 (moderate or severe encephalopathy) <input type="checkbox"/> Therapeutic hypothermia <input type="checkbox"/> IVH >III <input type="checkbox"/> Meningitis (fungal or bacterial) <input type="checkbox"/> Necrotizing enterocolitis (requiring surgery) <input type="checkbox"/> Neonatal stroke <input type="checkbox"/> Viral encephalitis requiring NICU tertiary care <input type="checkbox"/> Complex congenital anomalies (requiring >2 medical providers) <input type="checkbox"/> Complex surgical cases (requiring >2 providers) <input type="checkbox"/> Other:
<b>Criteria for Referral</b>	
<input type="checkbox"/> NICU discharge summary attached Referring MD: _____ Billing number: _____ Contact information for referring MD: _____	

## Ontario Neonatal Follow-Up Programs

LHIN	Hospital	Tertiary/ Regional Centre	Main Phone Number	Fax Number
1	Windsor Regional Hospital	Regional	519-255-2467	519-255-1735
2	Children's Hospital, London Health Sciences Centre	Tertiary	519-685-8500 ext. 66120	
4	McMaster Children's Hospital	Tertiary	905-521-2100 ext. 78520	905-521-5056
6	Trillium Health Partners, Credit Valley Hospital	Regional	905-813-1100 ext. 6716	905-813-4128
6	Trillium Health Partners, Mississauga Hospital Site	Regional	905-848-7580 ext. 3910	905-804-7741
6	William Osler Health Centre	Regional	905-494-2120 ext. 58669	905-494-6594
7	Hospital for Sick Children	Tertiary	416-813-5879	416-813-8969
7	Mt Sinai Hospital	Tertiary	416-586-4800 ext. 7290	416-586-8729
7	St. Joseph's Health Centre	Regional	416-530-6486 ext. 4049	416-530-6294
7	St. Michael's Hospital	Regional	416-867-3655	416-867-3736
7	Sunnybrook Health Sciences Centre	Tertiary	416-480-6100 ext. 87722	416-480-6054
7	Michael Garron Hospital	Regional	416-469-6590	416-469-6503
8	Humber River Hospital	Regional	416-424-1000 ext. 21400	416-242-1095
8	Mackenzie Health	Regional	905-883-2121 ext. 3069	905-883-2052
8	North York General Hospital	Regional	416-632-8728	416-632-8704
8	Southlake Regional Health Centre	Regional	905-853-2207 ext. 2288 or ext. 5608	905-830-5982
9	Lakeridge Health Corporation	Regional	905-576-8711 ext. 4559	
9	Markham Stouffville Hospital	Regional	905-472-7534	905-472-7535
9	Rouge Valley Health System	Regional	416-284-8131 ext. 4840	416-281-7313
9	Scarborough Hospital	Regional	416-438-2911 ext. 6120	
10	Kingston Health Sciences - Hotel Dieu	Tertiary	613-544-3400 ext. 3175	613-545-3557
11	Children's Hospital of Eastern Ontario	Tertiary	613-737-7600 ext. 2534	613-738-4847
12	Orillia Soldiers' Memorial Hospital	Regional	705-325-2201 ext 6753	705-330-3229
12	Royal Victoria Regional Health Centre	Regional	705-728-9090 ext. 47136	705-739-5674
13	Health Sciences North	Regional	705-523-7120 ext. 3545	705-523-7288