



REFERRAL FORM

Great Expectations Durham

Date: _____

Referring Physician Information:

Name: _____ Billing #: _____
Address: _____ Phone: _____
_____ Fax: _____

Patient Information:

Name: _____ Phone: _____
Address: _____ Alt Phone: _____
_____ DOB: _____

Reason for Referral:

☐ Complete Prenatal Care ☐ Shared Prenatal Care (Please refer by 24 weeks gestation)

LMP: _____ EDB: _____

Comments: _____

FAMILY DOCTORS GROWING FAMILIES

Courtice Heath Centre

☐ Dr. Megan Gao
(P) 905.721.4069
(F) 905-721-6171
1450 Highway 2 Courtice ON
L1E3C3

☐ Dr. Jaclyn Oldham
(P) 905.723.8551
(F) 905.721.6646

Whitby Health Centre

☐ Dr. Sarah Ritchie
(P) 905.721.3519
(F) 905.721.6175
198 Des Newman Blvd, Whitby
L1P1Y5

Newcastle Medical

☐ Dr. Brenna Ammons
☐ Dr. Natasha Aziz
☐ Dr. Lynn Hiemstra
☐ Dr. Aubrey Kassirer
☐ Dr. Kathryn Newton
☐ First Available

(P) 905.987.1896
(F) 905. 987.9894
87 Mill St N.
Newcastle ON L18 1HB

**Please attach prenatal labs, ultrasounds, most recent pap and Ontario Perinatal Record if available.*