



### NEWBORN CARE CLINIC REFERRAL FORM

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#### PATIENT INFORMATION

Baby's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Baby's PHN: \_\_\_\_\_ Mother's PHN: \_\_\_\_\_  
Baby's birthday (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_ Mother's birthday (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

#### REFERRING PRACTITIONER INFORMATION

Roster or NICU physician      Referring practitioner: \_\_\_\_\_  
 Postpartum Nurse      Clinic/Hospital: \_\_\_\_\_  
 Healthy and Home Nurse      Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_      Fax: \_\_\_\_\_

Cornerstone Medical Clinic's Newborn Care program is designed to provide routine medical care to newborns up to 3 months of age, in Saskatoon and surrounding area, who do not already have a family doctor. We accept referrals from nursery roster physicians, NICU physicians, postpartum nurses and Healthy and Home nurses. The following conditions must be met in order for the neonate to access our services:

- referral must be made within the first 2 weeks of life
- must have a valid PHIN
- must NOT have a family physician currently

**Please fax completed form, ALONG WITH THE NEWBORN DISCHARGE FORM, NURSING FORM, AND MATERNAL PRENATAL RECORDS to 306-975-1221.**  
You may also call us at 306-975-1CMC (1262) to book an appointment.

Please visit our website at [www.cornerstonemedical.ca](http://www.cornerstonemedical.ca) for more information