



NEWBORN CARE CLINIC REFERRAL FORM

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 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 for more information