



CORNERSTONE  
MEDICAL CLINIC

#100-415 Wellman Crescent  
Saskatoon, SK, S7T 0J1  
Ph 306-975-1262 Fax 306-975-1221

### NEWBORN CARE CLINIC REFERRAL FORM

**\*\*Mother's Phone Number:** \_\_\_\_\_

Baby's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Baby's PHN: \_\_\_\_\_

Mother's PHN \_\_\_\_\_

Baby's birthday (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_\_

Mother's birthday (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_\_\_

**Baby BIRTH WEIGHT** \_\_\_\_\_

**Baby DISCHARGE WEIGHT** \_\_\_\_\_

**Baby WEIGHTS WITH HEALTHY AND HOME (if applicable)** \_\_\_\_\_

#### REFERRING PRACTITIONER INFORMATION

Roster or NICU physician      Referring practitioner: \_\_\_\_\_

Postpartum Nurse      Clinic/Hospital: \_\_\_\_\_

Healthy and Home Nurse      Phone: \_\_\_\_\_

Other: \_\_\_\_\_      Fax: \_\_\_\_\_

**\*Please fax Maternal and Baby PPCR/hospital discharge information along with this referral form\***

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 PHN

must NOT have a family physician currently

**Fax completed form to 306-975-1221.**

**You may also call us at 306-975-1262 to book an appointment.**

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