



**ALLISTON MIDWIVES**  
CARING HANDS MIDWIFERY SERVICES (EST. 1994)

Date: \_\_\_\_\_

Name (as per Health Card): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Can medical messages be left at this number? Yes No

Email: \_\_\_\_\_

Partner's First and Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a valid Health Card? Yes No Is this your first pregnancy: Yes No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ [BMI Calculator Link](#) How many children do you have? \_\_\_\_\_

Medical Concerns: \_\_\_\_\_ Medications: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_ [Due Date Calculator Link](#)

Estimated Due Date by: Dates Dating Ultrasound

Is this your first time with Ontario Midwives? Yes No If No, previous clinic: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Current Prenatal Care: None Family Doctor Obstetrician Midwife Fertility Clinic

Planned Place of Birth: Stevenson Memorial Hospital\* Home Uncertain

*\*Alliston Midwives only have privileges at Stevenson Memorial Hospital in Alliston, ON*

Do you give consent for Alliston Midwives to contact ConnectingOntario? Yes No

*ConnectingOntario is a secure, web-based portal that provides access to laboratory and diagnostic imaging reports and hospital visits.*

Message: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please send form by email to [info@allistonmidwives.ca](mailto:info@allistonmidwives.ca).**  
It may take up to 2 weeks to confirm if a spot is available.

<u>OFFICE USE ONLY</u>	Admin _____	<input type="checkbox"/> Chart	<input type="checkbox"/> Appt	<input type="checkbox"/> Letter	<input type="checkbox"/> Caseload
HC # _____		<input type="checkbox"/> In Person	<input type="checkbox"/> Virtual	<input type="checkbox"/> WL	
10wks _____	Appt Date / Time _____	RM / Team _____			