Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

MSH IBD Centre
600 University Avenue
Toronto, Ontario, Canada M5G 1X5
T 416-586-4800 ext 2475
F 647-360-7781
http://pregnancy.ibdclinic.ca

PRECONCEPTION and PREGNANCY in INFLAMMATORY BOWEL DISEASE

Consultation and Research Clinic

Please fax referral form to: 647-360-7781 (note new fax #)
Or email to: Preg.IBD@sinaihealth.ca

REFERRING PHYSICIAN INFO

NAME: ______________________________
PRAC ID: ______________________________
SPECIALTY: ______________________________
PHONE: ( ) ______________________________
FAX: ( ) ______________________________

PATIENT INFO

FIRST NAME: __________________________________
LAST NAME: __________________________________
PHN/OHIP: ____________________ Version: ______
DOB: (DD/MM/YY): ____ ____/____ ____/____ ____
Address: __________________________________
Phone: ( ) ____________ Email: _______________

REASON FOR REFERRAL

(please describe in the free text box, or fill out the check boxes)

☐ Education and counseling
☐ Assistance liaising with OB/GYN, MFM
☐ Concurrent management throughout pregnancy
☐ Second opinion or transfer of care

GESTATIONAL STATUS

☐ Pre-conception
☐ Pregnant EDD = ___________ (DD/MM/YYYY)

- ☐ 1st trim. = ____ wks
- ☐ 2nd trim. = ____ wks
- ☐ 3rd trim. = ____ wks

Is this a multifetal gestation?

- ☐ Yes
- ☐ No

IBD HISTORY

Diagnosis

- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Indeterminate
- ☐ Other (e.g. pouch, ileostomy):___________

IBD meds: ________________________________

FLARING? Yes No Unsure

Lab work? Hgb: _______ CRP: _______

PLEASE ensure to include copies of laboratory tests, investigations, and recent consultations.

The clinic is open for the referral of patients with IBD who are considering pregnancy or who are pregnant. This is a **concurrent care** consultation and research clinic – patients who have a primary gastroenterologist continue to remain under their care, unless otherwise requested.