NORTH YORK GENERAL
Making a World of Difference

NEONATAL FOLLOW-UP CLINIC REFERRAL

Clinic Phone # 416-756-6685 Clinic Fax # 416-756-6547
Form MN017 Rev. 05/2018

Patient LABEL / Identification Area

Birth Hospital: _____ **Referring Hospital:** _____

Date of 1st Appointment: _____ ❑ **Not yet booked** **Appointment handout given:** ❑ Yes ❑ No

Follow-up Clinic referral made to: _____ **Date Faxed:** _____

Gestational age at birth:	**Birth weight:**	**EDD:**
Gestational age at discharge:	**Discharge weight :**	**Date of discharge:**
Parents' names:		
Address:		
E-mail address:		**Cell phone numbers:**

NEONATAL HISTORY

HEARING SCREENING TEST: ❑ Passed ❑ Referred

FOLLOW-UP CRITERIA - PLEASE INDICATE WHICH CRITERIA AND PROGRAM APPLIES

❑ **REGIONAL NEONATAL FOLLOW-UP**

- ❑ 30+0 to 33+6 weeks GA
- ❑ Head circumference < 3rd percentile
- ❑ Birth weight <3rd percentile
- ❑ Perinatal acidosis (Apgar <5@10min and/or pH <7.0)
- ❑ Symptomatic hypoglycemia <2.2mmol/L over 6 hours
- ❑ Hyperbilirubinemia, exchange transfusion level
- ❑ Meningitis, not requiring Level 3 care
- ❑ Multiples ≥ 3, >30 weeks GA
- ❑ Neonatal Abstinence Syndrome (pharmacological treatment)
- ❑ Sarnat Stage 1 or 2 encephalopathy
- ❑ Seizures – Any neonatal seizure
- ❑ Intrauterine death of one twin if surviving twin < 37 weeks GA
- ❑ Twin to twin transfusion syndrome, requiring laser ablation
- ❑ Periventricular leukomalacia, ≥ 30 weeks GA
- ❑ Infants ≥ 30 weeks GA with failure to establish full oral feeding at term equivalent
- ❑ Physician referral _____

❑ **TERTIARY CENTRE FOLLOW-UP**

- ❑ GA < 30 weeks GA
- ❑ Birth weight < 1250 grams
- ❑ Bronchopulmonary dysplasia (O_2 support at 36w CGA)
- ❑ Hypoxic ischemic encephalopathy (Sarnat stage 2-3)
- ❑ Therapeutic hypothermia
- ❑ Intraventricular hemorrhage (Grade 3-4)
- ❑ Meningitis, requiring Level 3 support
- ❑ Neonatal stroke
- ❑ Periventricular leukomalacia < 30 weeks GA
- ❑ Twin to twin transfusion syndrome, requiring laser ablation born at < 30 weeks GA
- ❑ Viral encephalitis requiring Level 3 NICU care
- ❑ Necrotizing enterocolitis requiring surgery or peritoneal drain
- ❑ Congenital diaphragmatic hernia
- ❑ Omphalocele
- ❑ Cyanotic congenital heart disease requiring pump or ECMO
- ❑ ECMO
- ❑ Children with medical complexity (≥ 3 subspecialists involved)

Referring Physician Name and Billing Number:	**Signature and Date:**