



**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 (O₂ 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: