



#103 - 237 EAST COLUMBIA STREET
NEW WESTMINSTER, BC V3L 3W4
PHONE: 778-397-0730 FAX: 604-200-0150

PERMISSION TO RELEASE MEDICAL RECORDS

Doctor: _____

Phone: _____

Fax: _____

Patient Name: _____

Date of Birth: _____

Care Card #: _____

This patient has chosen midwifery care for her current pregnancy. Please find below a signed authorization to forward her medical records from current or previous pregnancies. The following information is very much appreciated:

Previous Pregnancies:

- Antenatal 1 & 2
- Birth Summary
- Newborn 1 & 2
- Operative Reports
- Consultations

Current Pregnancy:

- Antenatal 1 & 2
- All Labs:
 - Hematology
 - Virology
 - Swabs / STD screens
 - Urinalysis
- Ultrasound
- Genetic screening
- Pap Screen (most recent)

You can fax records to (604) 200-0150. Thank you in advance.

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I request that both my relevant medical records and my prenatal records, from this pregnancy and/or any previous pregnancies, be forwarded to New West Community Midwives.

Date: _____

Patient Name (*print*): _____

Patient Signature: _____