Saskatchewan Health Authority

Midwifery Intake Form

Everyone applying for the midwifery program is automatically put on a waitlist. The midwives will review the list about every 2-4 weeks. If they are able to bring you into care, you will be called to book your first appointment. If they are unable to bring you into care, an email/letter will be sent stating that you should continue to seek care from a doctor or an obstetrician and that you will remain on the midwifery waitlist should anything change in the future.

The midwives and administrative staff are from all backgrounds and diverse populations and adhere to the SHA anti-discrimination policy. We support our staff and clients regardless of their background and we cannot guarantee that your assigned midwife will be your only care provider.

Date: _____/ _____/ _____ Do you have a Canadian health card: ☐ Y ☐ N
(day) (month) (year)

Name on health card: _____ Pronouns: _____

Name you go by: _____ Date of birth:_____/_____/ _____
(day) (month) (year)

Phone number: _____ Preferred method of contact: ☐ Email ☐ Letter

Email: _____

Address: _____ _____ _____ _____
(Street) (Town/City) (Prov) (Postal Code)

Would you like to self-identify: _____
(i.e.: First Nations, Metis, Inuit, Queer, Single parent etc.)

We ask the following questions as it helps us determine if we can take you into care based on space in the program and because we provide care to people with low risk pregnancies.

What was the first day of your last regular period: _____ Estimated due date: _____

Have you had a dating ultrasound? Due date from ultrasound: _____

How many times have you been pregnant, including this one: _____How many births? _____

In previous pregnancies: Have you ever had a ceasarean section? ☐ No ☐ Yes ☐ Year: _____

Were there any complications in previous pregnancies? *(i.e.: gestational diabetes, high blood pressure, preterm birth, hemorrhage, etc.)*

_____

Do you have any other health complications outside of pregnancy? *(i.e.: diabetes, high blood pressure, seizures, mental health etc.)*

_____

Where do you prefer to give birth: ☐ Home ☐ Hospital ☐ Undecided

Have you ever had a midwife? (Who/When/Where): _____

Do you have a Family Practitioner / Nurse Practitioner / Obstetrician: _____
Clinic: _____

Does your Family Practitioner do deliveries: ☐ Yes ☐ No Applying to: ☐ Swift Current ☐ Regina ☐ Saskatoon

Please download and complete this form (using Adobe Reader, for example, rather than completing in browser) and then click on the appropriate button below to send the completed Referral Form to the location you are applying to (or save and manually email to your selected program):

Submit to Saskatoon Program	Submit to Regina Program	Submit to Swift Current Program	Call for Fort Qu'Appelle Program
midwifery@saskatoonhealthregion.ca	midwifery@rqhealth.ca	chr.midwifery@saskhealthauthority.ca	

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Office use only Initial appt date: _____ RM:_____

HSN:_____ ☐ Equity population

☐ Unable to accept into care (letter/email sent) ☐ Declined care ☐ Unable to contact/no return contact

Messages left: _____