

PRENATAL AND POSTPARTUM PUBLIC HEALTH REFERRAL
Fax # 604-983-6883

| | | | | | |
|--|------------------------|----------|--|---|-----|
| Client Aware of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Note - Public Health will not contact if client unaware of referral | |
| Client Last Name | | | Client First Name | | |
| Address – Number, Street Name | | Apt. | Date of Birth (dd/mm/yy) | | Age |
| City/Town | | Province | Postal Code | Marital Status | |
| Home Phone # | Work/Alternate Phone # | | Language Spoken: Fluent in English <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Personal Health Number (Care Card): | | | Name of Primary Care Provider | | |

| | | | | | |
|---|-----------------------------|-------------------------|--|--|-------|
| <input type="checkbox"/> Prenatal | | Expected Date of Birth: | | G ____ T ____ P ____ A ____ L ____ | |
| <input type="checkbox"/> Postpartum | | Date of Baby's Birth: | | | |
| | | Birth Weight | | Current Weight | |
| Concerns (Check all that apply): | | | | | |
| <input type="checkbox"/> Mental Health | If applicable indicate EPDS | | | Date | Score |
| <input type="checkbox"/> Age | | | | <input type="checkbox"/> Financial Stress | |
| <input type="checkbox"/> Breastfeeding | | | | <input type="checkbox"/> Limited Cognitive Abilities | |
| <input type="checkbox"/> Alcohol Use | | | | <input type="checkbox"/> Inadequate Housing | |
| <input type="checkbox"/> Substance Use | | | | <input type="checkbox"/> Nutritional Issues | |
| <input type="checkbox"/> Tobacco Use | | | | <input type="checkbox"/> Relationship Issues | |
| <input type="checkbox"/> Dental | | | | <input type="checkbox"/> Lack of Support/Isolation | |
| If Other, Specify | | | | | |
| Comments: | | | | | |

Referred By: Last Name _____ First Name _____ Date _____

Signature/Title _____ Phone _____ Fax _____

Information for Referring Partners

All women (prenatal or postpartum) who are referred to VCH will be contacted by a public health nurse and provided with appropriate public health services which may include: health education, capacity building, advocacy, care coordination and referral to additional health care and community programs.

Public Health Services focus on

- Maternal and infant nutrition including breastfeeding decision making and support
- Perinatal depression screening and support
- Healthy lifestyle choices (tobacco, alcohol and substance use)
- Transition to parenthood and effective parenting
- Infant safety
- Immunization/communicable disease

Public Health Services will be based on individual women's needs and may be delivered as:

- Individual follow up in the home, public health office or by phone
- Group based facilitated discussions/education/support (based on local availability)

All pregnant women can obtain Babies Best Chance from their local health centre.

Please complete the demographic information fields so that your client can be contacted for follow-up.

It is important to indicate that you have discussed the referral with your client, as we will only contact if the client is aware.

If you have any questions, or prefer to refer by telephone, call your local public health office (see list below).

Contact the Community Health office in the area which the woman lives

Richmond Phone 604 233 3150 Fax 604 233 3198

Vancouver Phone 604 301 2227 Fax 604 321 2947

North and West Vancouver, Bowen Island or Lions Bay
Phone 604 983 6700 Fax 604 983 6883

Squamish, Whistler or Pemberton
Phone 604 892 2293 Fax 604 892 2327

Sunshine Coast (Gibsons or Sechelt)
Phone 604 886 5600 Fax 604 886 2250

Powell River Phone 604 485 3310 Fax 604 485 3305

For more information: http://www.vch.ca/your_health/women/