Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Central Community Health Centre

132 West Esplanade, 6th Floor
North Vancouver, BC V7M 1A2

REFERRAL FOR POSTPARTUM SUPPORTIVE TREATMENT GROUP

(includes prenatal and postpartum up to one year)

Fax to: (604) 983-6883 Attention: Early Years Team

DATE: _____

Client Name _____

Carecard #_____

Address _____

Phone Number _____

Is client aware of referral _____ yes _____ no

Prenatal: _____ Postpartum _____

Pertinent Medical History EPDS _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

Client will be contacted by the public health nurse to discuss the group. Update will be provided to the referring care provider at 10-12 weeks.

Physician/Psychiatrist/Midwife/PHN: _____

Address: _____

Phone Number _____

Fax Number _____

Signed ……..……..…..
(physician/psychiatrist/midwife/PHN)