

## Public Health Prenatal Program Self-Referral form

Complete this form during your pregnancy to connect with a Public Health Nurse. Download the form, complete, and send as an attachment to [VCHPrenatalProgram@vch.ca](mailto:VCHPrenatalProgram@vch.ca).

You can also contact us and leave a message to be returned, toll free at 1-855-550-2229.

A local public health nurse will contact you within 2-4 days. You will be able to ask questions, learn about ongoing public health programs that may be of interest and get connected to other resources in your community. Our preferred method of contact with you is to talk with you by telephone, however alternate forms of contact including texting and e-mailing are available

Please review our [Emailing and Text Policies](#) for the common risks and limitations you should be aware of when communicating health information through email or text.

I have read and acknowledge the notice above.

**Please complete the following information:**

**First name:**

**Last name:**

**Date of Birth:**

**Expected Date of Delivery:**

**Personal Health Number (BC Care Card) (not required):**

Home Address:

Suite (optional):

City:

Postal Code:

Primary Phone Number:

Okay to leave a detailed message: Y N Okay for texting: Y N

Alternate Phone Number:

Okay to leave a detailed message: Y N Okay for texting: Y N

Email address:

Okay to reply: Y N

Do you have a Family Doctor: Y N If Yes provide name:

Do you have a maternity care provider (family doctor, midwife, obstetrician): Y N If Yes provide name:

Information about protecting your privacy- Please review our [Privacy Notice for Patients, Clients and Residents](#) regarding collection of your personal information. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH's Information Privacy Office at 604.875.5568 or email us at [privacy@vch.ca](mailto:privacy@vch.ca)

I have read and acknowledge the notice above.

**Comments** – if you have any comments or questions you would like the Public Health Nurse to be aware of prior to contact, please include in the space below.