

Richmond Public Health

VCH - Richmond 8100 Granville Avenue Richmond, BC V6Y 3T6 Tel: (604) 233-3150 Fax: (604) 244-5455

Prenatal and Postpartum Public Health Referral

Client Aware of Referral? Yes 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 #	Fluent In English		ı No
Personal Health Number (Care Card):		Name of Primary Care Provider		
□ Prenatal				
Expected Date of Birth: GTPAL				
□ Postpartum Date of Baby's Birth:				
	Birtl	n Weight	Current W	/eight
Concerns (Check all that apply):				
□Mental Health	If applicable Indic	cate EPDS [Date S	core
□ Age (Less than 25 Yrs)	•	□ Financial Stress		
□ Breastfeeding		□ Limited Cognitive	Abilities	
□ Alcohol Use	□ Inadequate Housing			
□ Substance Use	□ Nutritional Issues			
□ Tobacco Use		□ Relationship Issu	es	
□ Dental	□ Lack of Support/Isolation			
☐ History of Trauma		□ Parental/ Attachment		
If Other, Specify				
Comments:				
Referred By: Last Name	Firet N	lame	Date	
•				
Signature/ Title	Phone	e	Fax	