

**HEALTHIEST BABIES POSSIBLE
(Surrey/Delta/White Rock)
Referral Form**



101 – 13583 81 Ave, Surrey BC, V3W 3V8
PHONE: 604.583.1017 FAX: 604.583.1056
E-MAIL: hbp@options.bc.ca

CLIENT INFORMATION

Name: _____ If pregnant, how many weeks: _____
 Address: _____ Baby's Due Date (mm/dd/yy): _____
 City: _____ Postal Code: _____ Language(s) Spoken: _____
 Home Phone #: _____ Birth Date (mm/dd/yy): _____
 Cell Phone #: _____ Referral Source: _____
 Email: _____ Referral Phone #: _____
 Ok to leave Voice Message? Yes No Referral E-mail: _____
 Referral Date (mm/dd/yyyy): _____

INTAKE QUESTIONS

- 1) Is this your first pregnancy/birth? Yes No
 - a) If No: What are the ages of your child(ren)? _____
 - b) If No: Were any of your other children born with: Low Birth Weight High Birth Weight Premature?
- 2) Are you OR your baby of Indigenous Heritage? Yes No
- 3) Were you born outside of Canada? Yes No
 - a) Country of Birth? _____
 - b) Number of Years in Canada? _____
- 4) Check which applies: I am Married Common Law In a Relationship A Single Parent
- 5) Are you currently taking prenatal vitamins? Yes No
- 6) Do you have any specific concerns about your nutrition? (ex: allergies/weight gain) Yes No
- 7) Have you worried about running out of food or ran out of food before you could buy more? Yes No
- 8) Are you OR your partner unemployed, on income assistance, on EI, on Maternity, or a PWD? Yes No
- 9) Are you struggling with your current housing situation? (ex: eviction/not enough rooms) Yes No
- 10) During this Pregnancy have you smoked cigarettes or vaped? Yes No
- 11) During this Pregnancy have you used any drugs? Yes No
- 12) During this Pregnancy have you drank any alcohol? Yes No
- 13) Check which applies: I currently have a Doctor a Midwife a Doula None
- 14) Do you have any medical conditions that affect your pregnancy? (ex: diabetes/low iron) Yes No
 - a) If yes give a brief description: _____
- 15) Do you now, or have you ever had depression or anxiety? Yes No
- 16) In the last year have you experienced abuse: physically, sexually, emotionally, verbally, financially? Yes No
- 17) Do you have friends or family nearby to support you during this Pregnancy? Yes No

Comments:

OFFICE USE ONLY

Received by: _____ Date: _____

Submit this form: