

# 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: