



fraserhealth

COMMUNITY BIRTH PROGRAM REFERRAL

Village Health Clinic



MSXX104988A

Rev: Mar. 12/12

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Village Health Clinic 105 - 15153 Highway #10, Surrey, B.C. V3S 9A5 Phone: (604) 575-7275 Fax: (604) 574-7290

PLEASE COMPLETE IN FULL AND PRINT CLEARLY

Patient's Full Legal Name: _____
Last First Middle

Other Name(s) (if applicable): _____

Personal Health Number: _____ **Date of Birth:** ____/____/____ **Gender:** M F
(DD, MM, YYYY)

Address: _____
Street City Province Postal Code

Home Phone No. _____ Okay to Call **Message Phone No.** _____

Insurance Type MSP WCB Out-of-Province Self-Pay Other: _____ RCMP or Armed Forces #: _____

Interpreter Required: No Yes **Language:** _____

Age at Referral:	Age at EDC:		
LMP:	EDC by LMP:	EDC by U/S:	Date of earliest U/S:
Regular Cycle?	Circle final EDC:	Gestational Age at U/S:	
G	T	P	SA TA L
		Multiple Gestation	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Referral to Community Birth Program for Prenatal Care			
<input type="checkbox"/> Health/Pregnancy concerns: _____			
<input type="checkbox"/> Prior pregnancy concerns: _____			
Additional comments:			

THE FOLLOWING RECORDS MUST BE RECEIVED TO PROCESS THIS REFERRAL

- Antenatal Record Part I and Part II (if started)
- Reports of all ultrasounds done in this pregnancy
- All available lab results; including serum integrated prenatal screen results, blood group and screen, CBC, prenatal screen, PAP smear results, FBS 2 hour OGTT (where indicated), A1C (within 3 months), electrolytes (if applicable i.e. NVP), vaginal swabs
- All consultation reports and investigational records related to prenatal care

Printshop # 256867

Family Physician (if different from referring source)

Name: _____

MSP #: _____

Phone: _____ Fax: _____

Patient has no GP/NP

Referring Health Care Provider:

Name: _____

MSP #: _____

Phone: _____ Fax: _____

GP Specialist NP Hospitalist ER Other

Referring Physician Signature: _____