fraserhealth

COMMUNITY BIRTH PROGRAM REFERRAL
in Panorama Village Shopping Centre

Community Birth Program

MSXX104988A Rev: Mar. 2023

unit 201 - 15149 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:** ___/___/___ (DD, MM, YYYY) **Gender: M** ☐ **F** ☐

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 EDD:		
LMP:	EDD by LMP:	EDD by U/S:	Date of earliest U/S:
Regular Cycle?	Circle final EDD:		Gestational Age at U/S:

G T P SA TA L Multiple Gestation: ☐ Yes ☐ No

☐ Referral to Community Birth Program for Prenatal Care

☐ Pregnancy concerns: _____

☐ Medical 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

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: _____

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