

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

100 – 6846 King George Blvd, Surrey BC, V3W 4Z9
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CLIENT INFORMATION

Name: _____ How many weeks pregnant: _____
 Address: _____ Baby's due date (mm/dd/yy): _____
 City: _____ Postal: _____ Language(s) spoken: _____
 Home phone: _____ Vmsg Ok? Birth date (mm/dd/yy): _____
 Cell phone: _____ Yes Referral source: _____
 No Referral date (mm/dd/yy): _____
 Email: _____

INTAKE QUESTIONS

- 1) Is this your first pregnancy? _____ Yes No
- 1a) If no, were any of your children low or high birth weight / premature? _____ Yes No
- 2) Are you currently taking prenatal vitamins? _____ Yes No
- 3) Are you or your baby of Aboriginal heritage? _____ Yes No
- 4) Are you an immigrant or refugee to Canada? _____ Yes No
- 4a) Country of origin? _____ Years in Canada? _____
- 5) Are you a single parent? _____ Yes No
- 5a) If no, are you married, common law, in a relationship etc? _____
- 6) Are there times that you cannot afford to buy enough food? _____ Yes No
- 7) Are you or your partner unemployed or on income assistance? _____ Yes No
- 8) Are you struggling with your current housing? (ex. eviction/not enough rooms) _____ Yes No
- 9) During this pregnancy have you smoked cigarettes? _____ Yes No
- 10) During this pregnancy have you used any drugs? _____ Yes No
- 11) During this pregnancy have you drank any alcohol? _____ Yes No
- 12) Do you currently have a doctor, midwife, or doula? _____ Yes No
- 13) Any medical conditions that affect the pregnancy? (ex. diabetes/low iron) _____ Yes No
- 14) Do you now, or have you ever had problems with depression or anxiety? _____ Yes No
- 15) In the last year has anyone tried to hurt you? (physical, sexually, emotionally) _____ Yes No
- 16) Do you have any concerns about your nutrition? _____ Yes No
- 17) Do you have friends or family to support you during this pregnancy? _____ Yes No

Comments: _____

OFFICE USE ONLY

Received by: _____ Date: _____ Welcome Package: Mailed Emailed Given