



306-2502 St. Johns Street
 Port Moody, BC
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Referral

We provide interdisciplinary and collaborative prenatal, intrapartum, and postpartum care to clients and newborns up to six weeks postpartum. At discharge, we will forward you copies of records to ensure continuity of care.

Patient name: _____ PHN: _____ Date of birth: _____ EDD (or delivery date): _____	Date of referral: _____ Referred by: _____ Discipline: <input type="checkbox"/> FP <input type="checkbox"/> OB <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> RM MSP# (if applicable): _____
Patient address: _____ Cell phone: _____ Home phone: _____ Work phone: _____ E-mail address: _____	

Clients will be contacted directly with an appointment as soon as possible.

If available, please fax the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> * Ultrasound reports * Previous obstetrical/surgical reports * Relevant lab results | <ul style="list-style-type: none"> * Latest Pap smear and culture reports * Antenatal records for this or previous pregnancies |
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Medications

Allergies

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Comments (if possible, briefly note health challenges, social issues, f/u planned with GP or consultants, etc.)