



**B318 - 2099 Lougheed Hwy
Port Coquitlam, BC
V3B 1A8**
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 Fax: 778-355-9646
 E-mail: info@inletbirth.ca

Referral

We provide interdisciplinary, collaborative prenatal, intrapartum, and postpartum care to clients and newborns to 6 weeks postpartum. At discharge, we will forward a summary and 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:**

- | | |
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| <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 & delivery 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.)