PRENATAL OUTREACH PROGRAM REFERRAL

Healthiest Babies Possible Prenatal Program (HBP)
Youth Pregnancy & Parenting Program (YPPP)

Supporting pregnant Vancouver and Richmond residents who are facing challenging life circumstances. Programs provide nutrition counselling, food access, health education and social support.

Name(**First, Last**):	Date of Referral(d/m/y):
PHN#:	Referrer's Name and Role:
Birth Date (d/m/y): Age:	Referrer's Phone:
Address:	Family Doctor:
City: Postal Code:	Phone:
Phone: □ Ok to Leave Msg/Text	OB/Maternity Doctor/Midwife:
Alternate phone:	Phone:
Email:	Gestational Age: Due Date:

INTAKE INFORMATION (please check all that apply)

□ First Nations/Métis/Aboriginal/Indigenous	House □ Subsidized Housing □ Shelter/Transition Home □ Renting □ Precarious Housing
□ Immigrant, Lived in Canada for ____Months _____Years Country of Origin: _____ Ethnicity: _____	Relationship □ Single □ Other _____ □ Partner Not Involved/Out of Area
	□ History of Abuse or Violence
□ Refugee □ Refugee Claimant □ Student Visa □ Visitor □ Work Visa □ No status	□ Lack of Support from Family or Friends / Social Isolation Community Programs Involved In:
English Speaking Ability □ Fluent □ Requires Translation English Reading/Writing □ Literate □ Requires Assistance Primary Language:	□ Tobacco or E-cigarette/Vaping Use _____ □ Marijuana Use _____ □ Alcohol Use _____ □ Substance Use (Please Specify)_____
Education □ Did Not Complete High School Other :	
Income □ Working Part-Time □ Not Working □ Disability Assistance □ Income Assistance □ Employment Insurance □ Minimum Wage	□ Mental Health Concern _____
Monthly Household Income $_____ # Of People in Household: Adults _____ Children _____	□ Medical Condition _____

What Type of Support is This Client Hoping to Receive?

_____

_____

_____

NOTE: <u>Vancouver youth ages 24 years and under</u> who have multiple barriers can be assessed for eligibility to receive maternity care through the YPPP maternity clinic. Are you requesting maternity care? Yes □ No □
*If yes, please provide details about barriers to accessing medical services in the sections above, and **FAX** all relevant information including Antenatal record, medications, ultrasound, prenatal blood work and diagnostics reports if possible.*

Fax to: 604-253-1925 or Email to HBP@vch.ca YPPP@vch.ca Questions? Call 604-675-3982

OFFICE USE ONLY

PARIS ID: _____Key Staff: _____ Date (d/m/y): _____

Co-providers: _____ EMR Appt booked: _____