

PRENATAL, POSTPARTUM AND EARLY CHILDHOOD PUBLIC HEALTH NURSING REFERRAL

Client/Parent/Guardian aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note – Public health will not contact if client unaware of referral</small>			
Referral Date	Client Last Name	Client First Name	
		Parent/Guardian Name (if applicable)	
Date of Birth (dd/mm/yy)	Age	Gender	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Language spoken:
Address and postal code			Email address:
Primary Phone #		Consent to receive text messages <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Health #		Name of Primary Care Provider	

Request for Public Health Nurse Follow-Up (Check all that apply):		
<input type="checkbox"/> Maternal <input type="checkbox"/> Postpartum <input type="checkbox"/> Prenatal Expected Date of Delivery: _____	<input type="checkbox"/> Newborn/Infant Age: _____ Gestational Age: _____	<input type="checkbox"/> Child Age: _____
<input type="checkbox"/> Prenatal Physiological Health <input type="checkbox"/> Postpartum Physiological Health <input type="checkbox"/> Breast/Chestfeeding <input type="checkbox"/> Mental Health <input type="checkbox"/> Alcohol/Substance/Tobacco Use <input type="checkbox"/> Financial Stress <input type="checkbox"/> Relationship Issues <input type="checkbox"/> Lack of Support/Isolation <input type="checkbox"/> Less than 25 years of age <input type="checkbox"/> History of Trauma <input type="checkbox"/> Immunizations <input type="checkbox"/> Other	<input type="checkbox"/> Feeding <input type="checkbox"/> Weight <ul style="list-style-type: none"> • Birth weight _____ • Current weight _____ <input type="checkbox"/> Growth/Development <input type="checkbox"/> Parenting/Attachment <input type="checkbox"/> Immunizations <input type="checkbox"/> Other	<input type="checkbox"/> Growth/Development <input type="checkbox"/> Feeding/Nutrition <input type="checkbox"/> Parenting/Attachment <input type="checkbox"/> Immunizations <input type="checkbox"/> Other

Summary of Concerns

Referred by: Last name _____ First name _____ Date _____

Signature/Title _____ Phone _____ Fax _____

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INFORMATION FOR REFERRING PARTNERS

Clients referred through this process will be contacted by a Public Health Nurse (PHN). The PHN may provide direct nursing services or refer on to appropriate community resources. Clients referred can be prenatal, postpartum or children birth to 2 years of age.

Public Health nursing services focus on:

- Maternal, infant, or early childhood nutrition
- Breast/Chest feeding decision making and support
- Perinatal depression and anxiety screening and support
- Tobacco, alcohol and substance misuse support
- Transition to parenthood/effective parenting and attachment
- Development assessment (Ages and Stages Questionnaire)
- Infant safety
- Immunization/communicable disease
- Support and referral to community resources

Public Health nursing services will be based on individual client needs and may be delivered as:

- Individual follow up in the home, public health office, virtual or by phone

PEDIATRIC REFERRALS:

- PHN will contact all pediatric discharges received for children less than 2 years of age who require Public Health Services. If the discharge plan is for connect to community services only, please direct client to the [FHA website](#) or have them contact the [local health unit directly](#).
 - Please ensure children requiring further medical follow up are directly referred to visit their Primary Health Care provider.
 - Public Health Nursing will not contact children over 2 years of age. Please ensure children requiring further medical follow up are directly referred to visit their Primary Health Care provider for follow up.
 - If clients are interested in local community resources or general health information please refer them to visit our Fraserhealth.ca/parenting website or contact their local Public Health unit.
- ✓ Please complete the demographic information fields so that parent/guardian can be contacted for follow-up.
 - ✓ It is important to indicate that you have discussed the referral with client or parent/guardian, as we will only contact if the client or parent/guardian is aware.
 - ✓ If you have any questions, or prefer to refer by telephone, call your local public health office (see list below).
 - ✓ Fax this referral to the FH Central Data Entry Team at **604-918-7491**

Public Health Units in Your Community

Abbotsford Tel: 604-864-3400	Agassiz Tel: 604-793-7160	Burnaby Tel: 604-918-7605	Chilliwack Tel: 604-702-4900	Cloverdale, Surrey Tel: 604-575-5100	Guildford, Surrey Tel: 604-587-4750
Hope Tel: 604-860-7630	Langley Tel: 604-539-2900	Maple Ridge Tel: 604-476-7000	Mission Tel: 604-814-5500	New Westminister Tel: 604-777-6740	Tri-Cities Tel: 604-949-7200
Newton, Surrey Tel: 604-592-2000	North Delta Tel: 604-507-5400	North Surrey Tel: 604-587-7900	South Delta Tel: 604-952-3550	White Rock Tel: 604-542-4000	