

## Prenatal Referral Form

\*\*\*Please refer as early as possible in pregnancy\*\*\*

**Family Information:**

Client name:	DOB (yyyy/mm/dd):
Address:	EDC/due date (yyyy/mm/dd):
Phone #: If cell phone, text – <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language:
Alternate phone #:	

**Referred by:**

Name:	<input type="checkbox"/> MD <input type="checkbox"/> RM <input type="checkbox"/> NP <input type="checkbox"/> RN/RPN <input type="checkbox"/> SW Other:
Phone number:	Referral date (yyyy/mm/dd):
Fax number:	

**A. Program for all prenatal clients (description on back):**


**Free online prenatal and new parent program:**

Client consents to being registered for the online program.

**Email address (required):**

\*\*\*A program access code will be granted to this email.

**B. Program only for prenatal clients with risk factors:**

**Healthy Babies Healthy Children (HBHC) (FREE)**   
 HBHC is a 1-to-1 in-home support program for parents or families who would benefit from learning strategies for healthy pregnancy and parenting preparation.

**Comments:**

**Risk factors (check all that apply):**

- <21 years old
- Inadequate social support/isolation
- Physical/mental health challenges
- Housing or financial concerns
- Family violence
- Substance use concerns
- Inadequate prenatal care
- Language/cultural barriers
- Nutrition concerns
- Lack of knowledge re: pregnancy, birth, parenting
- Other

**A completed referral form indicates client consent to telephone follow-up from a Public Health Nurse and/or to be registered for the selected online program.**

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext. 4340.

Program for all prenatal clients	Description
Online Prenatal and New Parent Program	<ul style="list-style-type: none"> <li>• Participants receive information about healthy pregnancy, labour and birth, early parenting, and breastfeeding</li> <li>• Sign up early in pregnancy to get the most out of the online program</li> <li>• To supplement online learning, clients are encouraged to attend an in-person program for hands-on learning facilitated by a Registered Nurse</li> </ul>

Program for clients <u>with risk factors</u>	Description
Healthy Babies Healthy Children (HBHC) <b>*for <u>with risk</u> clients</b>	<ul style="list-style-type: none"> <li>• 1-to-1 in-home support program for clients with risk factors that may challenge healthy family adjustment</li> <li>• Strategies for healthy pregnancy and parenting preparation are explored and facilitated</li> </ul> <p><b>Note:</b> for all other HBHC referrals (age 0 to school entry), please use the Here4Kids referral fax form.</p>