COMMUNITY Midwives
— KELOWNA —

Physician / Allied Health Referral Form

Phone: (778) 436-8060 Fax: 1-877-295-3744
Email: communitymidwiveskelowna@gmail.com
www.communitymidwiveskelowna.com

Community Postpartum Program Referral

The Community Postpartum Program offers home visits, flexible scheduling, and clinical care and education about the fourth trimester. Our program is covered by MSP and is eligible to unattached mother-baby dyads, families who struggle getting to their postpartum appointments due to transportation or childcare barriers, and/or families who could benefit from extra support and postpartum home visits. Care is provided by Registered Midwives for up to 6-10 weeks postpartum and is flexible depending on client needs. Referrals can be submitted prior to delivery or anytime in the first few weeks postpartum.

Client Last Name:_____ **Client First Name:**_____

Client DOB:_____ **Client PHN:**_____ **Client Phone:**_____

Client Email Address: _____

Client Address:_____ **City:**_____ **Postal Code:**_____

Estimated Due Date:_____ **Actual Delivery Date** *(if applicable):*_____

Client's Family Physician/Nurse Practitioner *(if applicable):*_____

Name of Delivery Provider:_____ **Place of Birth** *(planned or actual):*_____

Type of Birth:_____ **Any complications from Birth:** _____

Reason for Referral:_____

Comments:_____

_____

_____

Referred By:_____ **Title/Designation:**_____

Referrer's Phone:_____ **Referrer's Email or Fax:**_____

Signature:_____ **Date:**_____

Please fax Referral to 1-877-295-3744

For Office Use: **Date Referral Received:**_____

Client Contacted:_____