CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

BC Women's

DISCHARGE PLANNING FOR MOTHER

Fir Square Combined Care Unit

Date: _____

Mother's Name:

Physician _____
Phone # _____

Woman's Health:

Date of Discharge: _____

Phone # _____

Address _____

☐ No concern

☐ Yes, a concern, ☐ Intervention:

_____

_____

Follow-up Plans:

Date and Time of 1st Appointment:

_____

☐ Community/Agency (e.g. Sheway)

_____

_____

_____

Phone # _____

Email _____

☐ MCFD Social Worker _____

Phone # _____

Email _____

Mother's Consent for Research Follow-up
☐ Yes ☐ No

Mother (with baby) Home Supports:

A&D Counselling ☐ Yes ☐ No
Home Environment/Support ☐ Yes ☐ No
Life Skills/Support Groups ☐ Yes ☐ No

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

RN Signature _____
Social Worker Signature

Copies/Fax to:

☐ Community Agency
☐ Family Physician
☐ Liaison
☐ MCFD Social Worker
☐ Mother/ Caregiver
☐ Pediatrician

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