



**BC Women's
PERINATAL
SOCIAL WORK REFERRAL**

Date: _____ Time: _____

WOMAN'S DATA	NEWBORN DATA
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Name: _____
 Diagnosis: _____
 Referred by: _____
 Unit: _____

Priority: Routine Urgent

Language: _____
 Interpreter Required

G _____ T _____ P _____ A _____ L _____

EDD: _____ Gestational Age: _____

Delivery Date: _____
 SVD C-Section Forceps

Female Birth weight _____
 Male
 Central Nursery IN (*Intermediate Nursery*)
 With Mom NICU (*Neonatal Intensive Care Unit*)

OTHER REASONS FOR REFERRALS

- Accommodation
- Adjustment to hospitalization
- Adjustment to pregnancy / parenting
- Baby supplies
- Childcare/ Doula services
- Cognitive/ Physical challenges
- Community support referrals
- Diabetic/ medical supplies
- Fetal/ Newborn anomalies
- Financial concerns
- Forms/ Benefits assistance
- Immigration issue / Refugee status
- Isolation/ Limited supports
- Medical relocation
- Previous losses
- Relationship/ Family stresses
- Transportation
- Traumatic birth experience
- Other: _____

RECOMMENDED REFERRALS

Recommended referrals to Social Work (SW):

- Adolescent mother
- Adoption
- Child protection concerns/ MCFD alert
- Mental health concerns
- Newborn in NICU (*send referral to NICU SW*)
- Parenting concerns
- Perinatal Loss
- Substance/ alcohol use concerns
- Woman abuse

Notes: _____

Date Received:	Social Worker
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Key: EDD = Expected Date of Delivery MCFD = Ministry of Children & Family Development
 GTPAL = gravida term premature abortion living SVD = Spontaneous Vaginal Delivery

White original – Woman's Health Record Yellow copy – Newborn Record