

HEALTHY MOTHER HEALTHY BABY



SASKATOON REFERRAL FORM

CLIENT NUMBER (Office Use Only): _____

DATE: _____

NAME: _____

PHN: ____ - ____ - ____

(Surname, first name, middle initial)

ADDRESS: _____

POSTAL CODE: _____

(Street number, street name, apt #)

PHONE #: ____ - ____ - ____ Landline Cellphone Text Only; Ok to be contacted at this number? Yes No

WhatsApp Contact #: _____; Email Address: _____

Date of Birth: ____/____/____ Age: _____ Previously On HMHB Program No Yes
Day Month Year

DUE DATE: _____; GESTATIONAL AGE as of today's date: _____ (# wks)

PRIMARY CARE PROVIDER (Physician, Nurse Practitioner, Midwife): _____

Alternate Contact Person: _____; Relationship: _____; Phone #: _____

NEEDS INTERPRETER/INTERPRETATION: No Yes; Language: _____

Interpreter Provided: Yes No

Interpreter Name & Contact #: _____

REFERRED BY: Self Relative/Friend KidsFirst PORT/Sanctum 1.5 Positive Living Program
 WSCC Primary Care Provider: _____ FASD Network
 Global Gathering Place Open Door Society (SODS) Social Worker: _____
 School Guidance Counsellor: _____ Other: _____

SCHOOL: _____; WORK PLACE: _____

DO YOU HAVE ANY PETS IN YOUR HOME? No Yes; Dogs _____ Cats _____ Other _____

*All animals must be restrained when visited by HMHB staff

Safety Concerns staff need to know for home visiting at address provided: _____

Additional Comments: _____

For additional information contact:

Healthy Mother Healthy Baby Program, Saskatchewan Health Authority
West Winds Primary Health Centre, 3311 Fairlight Drive, Saskatoon, SK S7M 3Y5

Telephone: 306-655-4810 Fax: 1-855-947-2840

Email: HMHB@saskhealthauthority.ca

Thank you for your interest in and referral to the program.