



Care



Community



Change

Strathcona Midwifery Collective

Postpartum Midwifery Care Referral Form

207-236 E GEORGIA ST, VANCOUVER BC, V6A 1Z7
PHONE: 604.558.1701 • FAX: 604.558.1702
EMAIL: ADMINSMC@SHAW.CA
WWW.STRATHCONAMIDWIFERY.CA

Please complete form and return by fax or email

Date

Patient Information		
Name	PHN	DOB (DD/MM/Year)
Address		
Telephone	Email	
EDD		

Referring Provider Information		
Name	MSP	Telephone
Fax	Reason for referral	

Supporting Documents

- Antenatal records
- Prenatal labs
- Ultrasounds
- PAP

Office use:

Date received	Documents received	Intake date
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