FIR Referral Form

BC Women's Hospital + Health Centre
4500 Oak Street, Vancouver, BC V6H 3N1
Tel: 604 875 2229 Fax: 604 875 2221
www.bcwomens.ca

Due Date:	
Expected date/time of arrival:	

Instructions: Please complete the referral form and return by fax to 604 875 2221.
Incomplete forms will be accepted and reviewed.

Date:	**Time:**

Patient Information

Patient Name:	**PHN:**	**DOB:**
Address:		
Telephone:	**Email:**	
Identify as Indigenous: ☐ **Yes** ☐ **No** **Status No.:**_____	**Referral submitted with patient's consent:** ☐ **Yes** ☐ **No**	**FIR Team can contact patient directly:** ☐ **Yes** ☐ **No**

Referral Source

Name:	**Service/Position:**
Self-Referral: ☐ **Yes** ☐ **No**	**Telephone:**

Key Support:

Can FIR Team contact key supports? ☐ **Yes** ☐ **No**

Name:	**Email:**	**Telephone:**
Address:		

Is woman connected to Community Health Care team: ☐ **Yes** ☐ **No**

Care Team: _____

Contact Name: _____

Phone Number: _____

Goal of Admission (Check all that apply):		
Stabilization of Substance Use ☐	Intra partum care ☐	Postpartum care ☐
Undetermined – ie. No/limited prenatal care ☐		
Current safety concerns: IPV ☐ Overdose Risk ☐ Self Harm ☐ Homeless ☐		

Patient Personal History:

Substance(s) used

Opioids☐ Stimulants ☐ Alcohol ☐ Non-beverage alcohol ☐ Benzodiazepines ☐

Other:_____

Experienced an overdose in the last 3 months? ☐ Yes ☐ No

Additional comments if yes? _____

List all medications:

_____ _____

_____ _____

_____ _____

Medical/mental health concerns

_____

_____

_____

Obstetrical History:		
G___P___A___L___	**Gestational age:**	**Most recent ultrasound date:**
Obstetric risks:		
What prenatal care was provided and from whom:		

Housing Status
Current housing status:
Plan post discharge:

Action Box

FOR INTERNAL USE ONLY: REFERRAL INFORMATION		
DATE REFERRAL RECEIVED:	**PROJECTED ADIMISSION DATE:**	
DATE REFERRAL REVIEWED BY FIR TRIAGETEAM:	**FIR PHYSICIAN INVOLVED:**	
DATE ADMISSION WAS OFFERED:	**DATE ADMISSION ACCEPTED:**	**DATE ADMISSION REFUSED:**
DATE ADMISSION POSTPONED AND REASON	**DATE OF CONTACT ATTEMPTS & BY WHO**	