



## SELF REFERRAL FORM

IF YOU ARE PREGNANT AND WANT TO REFER YOURSELF TO BIRTHDOCS (FPMS) PLEASE COMPLETE THE

FOLLOWING:

THIS FORM MAY BE PRINTED AND FAXED (FAX 604.875.3950)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (YYMMDD): \_\_\_\_\_

BC PERSONAL HEALTH NUMBER \_\_\_\_\_

I do not have a BC personal health number

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

YOUR FAMILY DOCTOR'S NAME: \_\_\_\_\_

I do not have a family doctor

YOUR DUE MONTH: \_\_\_\_\_ OR YOUR LAST NORMAL MENSTRUAL PERIOD: \_\_\_\_\_

EMAIL(optional): \_\_\_\_\_

I am interested in Connecting Pregnancy Care.

Anything else you think we should know:

**We will contact you by phone to offer you an appointment with one of our doctors as soon as possible.**