

# Registration is Easy!

Please return your completed form  
to your local public health unit or  
hospital pre-admission clinic.



## Local Public Health Units

### Abbotsford

#104 34194 Marshall Rd | 604.864.3400

### Agassiz

7243 Pioneer Ave | 604.793.7160

### Burnaby

#300 4946 Canada Way | 604.918.7605

### Chilliwack

45470 Menholm Rd | 604.702.4900

### North Delta

11245 84 Ave | 604.507.5400

### South Delta

4470 Clarence Taylor Cres | 604.952.3550

### Hope

444 Park St | 604.860.7630

### Langley

20389 Fraser Hwy | 604.539.2900

### Maple Ridge

#400 22470 Dewdney Trunk Rd | 604.476.7000

### Mission

32618 Logan Ave | 604.814.5500

### New Westminster

#218 610 Sixth Street | 604.777.6740

### Cloverdale

#205 17700 56 Ave | 604.575.5100

### Guildford

10233 153 St | 604.587.4750

### Newton

#200 7337 137 St | 604.592.2000

### North Surrey

10362 King George Blvd | 604.587.7900

### Newport

#200 205 Newport Dr | 604.949.7200

### Port Coquitlam

2266 Wilson Ave | 604.777.8700

### White Rock

15476 Vine Ave | 604.542.4000

[www.fraserhealth.ca](http://www.fraserhealth.ca)



*Best for a healthy future*  
**BEGINNINGS**

• A Public Health Program •

The Fraser Health **Best Beginnings Program** provides public health services to pregnant women, new mothers, babies, children to 2 years of age and their families.

Public Health Nurses work closely with doctors, midwives and hospital maternity staff to provide high quality services that promote the health of all pregnant women, new mothers, and infants who live in Fraser Health.

All women who live in Fraser Health are encouraged to register for the program early in pregnancy.

## Registration for Best Beginnings is Easy!

- 1 Just complete this Registration Form (see inside). The information you provide on this form becomes part of your confidential medical record.
- 2 Return your completed form to your local public health unit or hospital pre-admission clinic.
- 3 Your completed registration form will be reviewed by a public health nurse.
- 4 The nurse may call you to give you information or connect you to supports that are right for you.
- 5 Although not all women receive a phone call from the nurse, every woman who registers will receive an information package in the mail.

( Registration Form )





**PRENATAL REGISTRATION FORM**  
 (Please Print)

Your completed registration form will be returned to the Public Health Nurse at your local health unit.  
 The information you provide on this form becomes part of your confidential individual health record.

INFORMATION ABOUT YOU															
Today's Date (y/m/d)			Care Card Number			Birth Date (y/m/d)									
Last Name			First Name			Age									
Street Address						Postal Code									
Name of Doctor or Midwife						Phone # of Doctor or Midwife									
City of Doctor or Midwife						Name of Obstetrician									
What is your due date? (y/m/d)				Is this your first pregnancy?		Yes <input type="checkbox"/>		No <input type="checkbox"/>							
How many months pregnant were you at your first prenatal doctor or midwife visit?				1-3 months <input type="checkbox"/>		4-6 months <input type="checkbox"/>		7-9 months <input type="checkbox"/>							
Do you have other children?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
What country were you born in?				Canada <input type="checkbox"/>		Other (name of country) <input type="checkbox"/>									
Did you come to Canada as a refugee?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
How long have you lived in Canada?				Born in Canada <input type="checkbox"/>		Less than 5 years <input type="checkbox"/>		5-10 years <input type="checkbox"/>		More than 10 years <input type="checkbox"/>					
Do you speak English?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
What language do you speak most?				<input type="checkbox"/> English		<input type="checkbox"/> Punjabi		<input type="checkbox"/> Mandarin		<input type="checkbox"/> Cantonese		<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog	
				<input type="checkbox"/> Farsi		<input type="checkbox"/> French		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other (name of language)					
				<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Do you need an interpreter?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
Do you identify as having Aboriginal heritage?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
Have you completed high school?				Yes <input type="checkbox"/>		No <input type="checkbox"/>									
Are you attending a pregnancy support program such as Pregnancy Outreach Program or Healthiest Babies Possible?															
Do you have someone you can talk to when you are upset or worried or just need to talk?															
Do you have someone who can help you out with transportation, housing, childcare or other personal needs?															
Are you finding it very difficult to live on your total household income?															
During the past month have you often been bothered by feeling down, depressed or hopeless?															
During the past month have you often been bothered by little interest or pleasure in doing things?															
Please tick ONE of the check boxes about tobacco				<input type="checkbox"/> I have never smoked cigarettes				<input type="checkbox"/> I currently smoke cigarettes							
				<input type="checkbox"/> I quit smoking less than 1 year ago				<input type="checkbox"/> I quit smoking more than 1 year ago							
How often do people smoke around you?				Daily <input type="checkbox"/>		Weekly <input type="checkbox"/>		Monthly <input type="checkbox"/>		Less than Monthly <input type="checkbox"/>		Never <input type="checkbox"/>			
Are you planning to breastfeed your baby?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		Not decided yet <input type="checkbox"/>							
YOUR CONTACT INFORMATION															
Your Phone Number			Home:			Work:			Cell:						
If you do not have a phone - how can we reach you?															
Is it okay to leave a message at home?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Which phone number is best to reach you at?			Home <input type="checkbox"/>		Work <input type="checkbox"/>	Cell <input type="checkbox"/>		
When is the best time to call during the day?			Anytime <input type="checkbox"/>		Morning <input type="checkbox"/>		Afternoon <input type="checkbox"/>		I am not available by phone during the day <input type="checkbox"/>						
PUBLIC HEALTH NURSE COMPLETES SECTION BELOW															
Name of PHN						Health Unit			Eligibility Pathway						
Signature of PHN						Date									