Baby & Me
Postnatal Program

For BFL Office Use Only: Admit Date: _____
Exit Date: _____ Survey Sent Date: _____

GROUP PREFERENCE: ☐ Tuesdays - NW ☐ Thursdays – BBY

Contact Information

Name (First and Last):			
Address: (Street, City, Postal Code)			
Phone Number:		Email Address:	
Date of Birth (Month/Day/Year):		First Language:	
Emergency Contact: (Name & Phone)			
How did you hear about the program?			

General Information

Were you born in Canada? ☐ Yes ☐ No
Are you Indigenous? ☐ Yes ☐ No
Country of Origin: _____
Arrival date in Canada: _____
Immigration Status: _____
Do you have any food allergies? ☐ Yes _____ ☐ No
Medical Conditions:_____
How will you get to the program? ☐ Walk ☐ Drive ☐ Bus

What is your relationship status? ☐ Single ☐ Married
☐ Separated/Widowed ☐ Common law
What is your total net monthly household income? _____
How many people does this income support? _____
Will you be single parenting? ☐ Yes ☐ No
How many children do you have? _____
Names & birth dates for children (childcare **may** be available):
_____ _____
_____ _____

Baby's Information

Baby's Name (First): _____
Baby's Name (Last): _____
Baby's Date of Birth: _____
Baby's Sex: ☐ Male ☐ Female ☐ Unassigned

Was baby born in Canada? ☐ Yes ☐ No
Does baby have Indigenous ancestry? ☐ Yes ☐ No
Are you giving your baby vitamin D drops? ☐ Yes ☐ No
How are you feeding baby? ☐ Breastmilk ☐ Formula ☐ Both

The following questions are around risks that could affect your health and your baby, and help us serve you better. Note: you do not have to answer any questions you do not want to answer.

Do you have a family doctor? ☐ Yes ☐ No
Does your housing meet your family's needs? ☐ Yes ☐ No
What do you know about child development? ☐ A lot ☐ Some information ☐ Not much/no information
What do you know about substance use and parenting? ☐ A lot ☐ Some information ☐ Not much/no information
What do you know about accessing resources in your community? ☐ A lot ☐ Some information ☐ Not much/no information
Are there times that you cannot afford to buy enough food? ☐ Yes ☐ No
Who is working in your household? ☐ Myself ☐ Partner ☐ Neither
Does anyone in your home smoke? ☐ Yes ☐ No
Is there problematic use (by anyone in the house) of: ☐ Alcohol ☐ Marijuana ☐ Other drugs ☐ None
Are you worried about violence in your home? ☐ Yes ☐ No
Do you want confidential support or resources in the areas of: ☐ Trauma ☐ Loss ☐ Violence ☐ None
Do you often feel sad or worried? ☐ Yes ☐ No
Do you have friends or family that help you? ☐ Yes ☐ No
Would you like to talk more about anything that has come up for you during this intake? ☐ Yes ☐ No
What are the issues affecting your family right now? _____
_____
_

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Participant's Rights and Responsibilities (please include signature at the bottom)
"I" refers to you as the participant, and "staff" or "we" referring to Burnaby Family Life's Pre & Post Natal Staff

I will respect the privacy of other program participants. What is said here, stays here. What is learned here, can leave here.

I will be treated courteously, with respect and dignity.

All services delivered are voluntary, however, participation is required to remain enrolled in the program.

I may refuse any services offered.

I have the right to participate in decisions regarding service.

I will attend appointments consistently and notify staff when unable to attend.

If I have a concern or complaint about the service, I know I can speak to the employee involved, or call the program manager at: 604-500-0493.

I understand that my information will be stored on a computer and non-identifying information may be used for best practice research. Information about myself and my children will remain confidential unless required by law, or when staff are concerned I may hurt myself or someone else.

To maintain best practice standards and meet funder's requirements, the staff will periodically request I complete surveys during my time in the program, and upon completion or exit of the Pregnancy or Baby & Me program.

If I choose to not abide by these terms, the program staff may issue me a warning, or immediately exit me from the group, based on the situation at hand.

We sometimes take photos of activities or group outings. These pictures are used for reporting purposes, and sometimes on our website. I understand I can decline to be in a photo at any time, and it is my responsibility to inform the staff of my preference.

A copy of this agreement can be requested at any time from a program staff member and sent via email, mail, or printed in person.

Do you agree with the terms and conditions above? ☐ Yes ☐ No

Signature_____ **Date**_____

Do we have your permission to leave voicemails on the number provided? ☐ Yes ☐ No
Can we text you on the number provided? ☐ Yes ☐ No
Do we have your permission to share information about you with your public health nurse? ☐ Yes ☐ No