Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

MATERNAL LIAISON REFERRAL

Name:		Paris Id:
DOB:	Age:	Assessment Date:
Gender:		Assessment End Date:
PHN:		Physician:
Home Address:		Phone:

Header Details

Discharge Date: | Discharged to Paris Team 1:

Hospital Discharge Time: | Discharged to Paris Team 2:

Community Pamplets Given: ☐

Seen by Liaison: ☐

Liaison: | Liaison:

Liaison:

Receiving Team / Health Unit Phoned: ☐ | Date Faxed:

Maternal Liaison Information

Referral Source:

Delivery Hospital: | Delivery Date: | Delivery Time:

Delivery Location if Other Than Hospital:

Responsible Physician/Midwife:

Antenatal Care: | Prenatal Education:

Method of Birth:

☐ Spontaneous
☐ Caesarean
☐ Mid-Forceps
☐ Low-Forceps
☐ Breech Extraction
☐ Vacuum
☐ Other

Method of Birth Reason:

If Other, Specify:

☐ Induced
☐ Augmented

Analgesia/Anesthesia:

☐ Epidural
☐ Spinal
☐ Narcotics
☐ Other
☐ Nitrous Oxide
☐ General Anesthesia

If Other, Specify:

Gravida: | Term: | Preterm: | Abortion: | Living:

Prior Loss: ☐

MATERNAL LIAISON REFERRAL

Name: Gender: PHN: Paris Id:

EBL:

Blood Type:

Rh Immunoglobin:

Hepatitis B Status:

Rubella Status:

Immunizations Given: ☐

Specify:

Group B Strep Positive:

Antibiotics Given:

Infectious Disease Comments

Alcohol use identified as a risk factor during pregnancy:

Drug use identified as a risk factor during this pregnancy:

Perinatal Depression: Current Pregnancy:

Perinatal Depression: Previous Pregnancy:

History of Mental Illness: ☐

Tick the followig if there is a variance:

☐ Breasts ☐ Vital Signs

☐ Voiding ☐ Perineum

☐ Wound Incision ☐ Current Emotional Health

Comments:

Seen by In-Hospital Resource: Lactation Consultant ☐ Social Worker ☐ Mental Health ☐

If Other, Specify:

Mother Discharged with Baby: ☐ Yes ☐ No

Support at Home Postpartum:

Intimate Partner Violence:

Support Person(s):

Relevant Family/Social Information

See Family Assessment: ☐

Referred to Community Resources ☐

Additional Information / Follow-Up Issues:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

---------- End of Report ----------