

# Postpartum Support Services Referral Form

*Our EMNA support team and board members work hard to provide the great Postpartum support care Program, and we ask that only families who truly understand what doulas and support teams do, and desire to work with one, are referred to our program.*

Date: \_\_\_\_\_

## Mother's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Contact Information:

- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Home Address:

- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_
- Province: \_\_\_\_\_
- Postal Code: \_\_\_\_\_

## Types of Support Needed *(Please check all that apply)*

- Emotional Support
- Physical Recovery Assistance
- Breastfeeding Support
- Nutrition and Meal Planning
- Sleep Management

- Parenting Guidance
- Other: \_\_\_\_\_

**Relevant Medical History**

Please include any information that may be important for the EMNA support team (e.g., previous postpartum experience, mental health history, other.).

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**Infant's Information (if the baby is delivered)**

Name: \_\_\_\_\_

Estimated Due date/ D.O.B: \_\_\_\_\_

Gender: F/M \_\_\_\_\_

**Additional Notes**

(Please provide any additional medical information that may be relevant to the support services)

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**Referral Source Information**

How did you hear about us? (google/community referral/ word of mouth/friends/family/ other: \_\_\_\_\_)

**Agency/Community Worker Referral** ([EMNA email here-hyperlink](#))

**I am referring to an individual for postpartum support.**

Agency/Individual referring: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Be referred by a healthcare provider or community worker

SELF-REFERRALS ARE ACCEPTED. If you are a family looking for postpartum support care services, please ask your primary care provider, social worker, nurse practitioner or anyone else involved in your care to make a referral on your behalf.

***Our Agency Referral Coordinator processes all referrals for postpartum support.***

