



Capital Health

Public Health Services

Consultation Summary

**URGENT FAMILY ADVISED
TO GET MEDICAL ASSESSMENT
WITHING 24 HOURS FYI**

Date	
To Family Physician	Name:
	Phone Number:
	Fax:
From Public Health Nurse	Name:
	Phone Number:
	Fax:

Child's Name: _____ DOB: _____ HCN: _____

Birth Wt: _____ gms IWK Discharge Wt: _____ gm date: _____ (yyyy/mm/dd)

Recent Wt: _____ gms date: _____ (yyyy/mm/dd)

<p>Contact</p> <p>Telephone call _____ / _____ / _____ (yyyy/mm/dd)</p> <p>Home visit _____ / _____ / _____ (yyyy/mm/dd)</p> <p>Unable to contact _____ / _____ / _____ (yyyy/mm/dd)</p>	<p>Feeding</p> <p>_____ Exclusively breastfeeding</p> <p>_____ Initiated breastfeeding and since stopped</p> <p>_____ Formula fed from birth</p> <p>_____ Breastfeeding with supplementation <input type="checkbox"/> Medical <input type="checkbox"/> Parent Decision</p> <p>_____ Pumping <input type="checkbox"/> Medical <input type="checkbox"/> Parent Decision</p>
<p>*Enhanced Home Visiting</p> <p><input type="checkbox"/> Pending (assessments to be completed)</p> <p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Declined</p> <p><input type="checkbox"/> Not offered</p>	<p>Concerns</p> <p><input type="checkbox"/> Mother's physical recovery</p> <p><input type="checkbox"/> Mother's emotional adjustment</p> <p><input type="checkbox"/> Difficulty with feedings</p> <p><input type="checkbox"/> Infant <2500gm or ≤37wks</p> <p><input type="checkbox"/> Weight loss >10%</p> <p><input type="checkbox"/> No Doctor appointment booked</p> <p><input type="checkbox"/> No concerns</p> <p><input type="checkbox"/> Other (see comment below)</p>
<p>Follow Up</p> <p><input type="checkbox"/> Recommended immediate follow up with Doctor/IWK</p> <p><input type="checkbox"/> Public Health follow up _____ / _____ / _____ (yyyy/mm/dd)</p> <p><input type="checkbox"/> Parent declined Public Health follow up</p> <p><input type="checkbox"/> Discharged from Public Health (may self-refer as needed)</p>	

Comment: _____

All clients are provided with copies of Loving Care, a print resource for new families. Families (who we are able to contact) are directed to Loving Care for key messages.

Public Health Nurse signature: _____ Date: _____

* The Enhanced Home Visiting program provides additional support to families who are eligible. Families may receive home visiting support for up to three years or referral and linkage to other health and community resources. Public Health works in partnership with Family Resource Centres to offer the Enhanced Home Visiting Program

