

Online Submission

Public Health Prenatal Program

Complete this form during your pregnancy to connect with Public Health. You will receive a call from a local public health nurse within 2-4 days to receive information, ask questions and get connected to resources in your community.

You can also contact us directly, toll free at 1-855-550-2229.

Please review our [Privacy Notice for Patients, Clients and Residents](#) regarding collection of your personal information.

I have read and acknowledge the notice above.

Please complete the following information

First name

Last name

Date of Birth: Day

Month

Year

Expected Date of Delivery : Day

Month

Year

Personal health number (BC Care Card) (not required)

Home address

Suite

City

Home postal code

Primary Phone Number

Okay to leave detailed message Y N

Alternate Phone Number

Okay to leave detailed message Y N Okay for texting Y N

Do you have a Family Doctor Y N If Yes – provide name

Do you have a maternity care provider (family doctor, midwife, obstetrician) Y N If Yes – provide name

Information about protecting your privacy

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health for healthcare planning, program evaluation and quality improvement purposes. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH’s Information Privacy Office at 604.875.5568 or email us at privacy@vch.ca

I have read and acknowledge the notice above.

Submit Form

Comments – if you have any comments or questions please use the space below.
If you have questions we will contact you via the contact information you provide above. We will not contact you via the email address used to submit this form.