RED DEER PRIMARY CARE NETWORK
One-on-One Pregnancy Education and Support Appointment Form

Scheduling Line: 403.314.3297 Fax: 403.754.4374

Complete this form if you would like more information about meeting with a nurse in the Pregnancy & Babies program.
Discuss your questions or concerns about being pregnant, getting ready for birth, caring for yourself after having a baby, and caring for your baby during the first year. Learn about healthy choices and community resources that can help you. After you complete the form, you will receive a phone call to be offered an appointment.

Today's Date .....

Patient Name .....

Alberta Health Care .....

Date of Birth ..... (yyyy,mmm,dd)

Phone Number .....

Email Address .....

****Place Chart Label here OR complete demographics****

Primary Care Provider/Doctor I am seeing today .....

My Primary Care Provider/Doctor ..... ☐ **I do not have a Primary Care Provider/Doctor**

Clinic of Primary Care Provider/Doctor ..... **Location** *(town, city)* **of Clinic** .....

My age is ☐ 19 and under ☐ 20 – 39 ☐ 40 and over **How many weeks pregnant** ☐ 1 – 13 ☐ 14 – 26 ☐ 27 - 40+

Number of pregnancies I have had ***(including this one)*** ..... **Number of children I have delivered** .....

Concerns I have about this pregnancy

☐ Miscarriage/Premature Birth ☐ Labour/Delivery ☐ Work/School ☐ Moved to a new community
☐ Eating healthy ☐ Food Safety ☐ Healthy weight gain ☐ Safe Exercise
☐ Previous traumatic birth/fears ☐ Previous Pregnancy Loss ☐ Depression/Anxiety/Grief
☐ Use of alcohol, medication, cannabis or drug use ☐ Smoking *(tobacco use)*, Vaping
☐ My Health *(explain)* ☐ Other *(explain)*

Concerns I have about support and relationships

☐ Relationship problems ☐ Single Parenting ☐ Stress at home ☐ Feeling safe at home
☐ Support from family/friends/partner/father of baby

During the last year I was NOT able to afford

☐ Transportation ☐ Enough food ☐ Childcare ☐ Clothes ☐ Healthcare (dental, eye exam or prescription)
☐ Housing (mortgage or rent)

Sometimes I may not get to my medical appointments *(doctor, lab, ultrasound)* because

☐ I feel uncomfortable or judged ☐ I do not feel it is a priority ☐ I have no one to watch my children
☐ I have no way to get there ☐ I cannot take time away from work/school

I am interested in the following Pregnancy related topics

☐ My emotional /mental health ☐ Labour and Delivery/C-Section ☐ Feeding and caring for a newborn
☐ Routine tests and procedures ☐ Managing common discomforts ☐ Stress Management
☐ Dental Health ☐ Workplace Safety ☐ Vaccinations for myself or my baby
☐ Other *(explain)*

We are collecting this information according to the requirements specified in the Health Information Act (HIA) of Alberta, sections 27 (1)(a), (g)