

# North Bay Regional Health Centre

Women and Children's Care Centre

Social Work Referral

Provider: \_\_\_\_\_

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

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

Patient Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated Date of Confinement (EDC): \_\_\_\_\_

Patient Consent for Social Work Referral

Purpose of Referral:

Mental Health concerns

Child Protection Involvement/concerns

Substance use concerns

Resources and Supports

OBS High Risk

Psychosocial needs/concerns

Risk for postpartum depression

Other

Social Work Referral Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eat Sleep Console (ESC) team

*\*Please note that patients on Opiate Replacement Therapies are automatic referrals for ESC. The ESC team consists of the Primary Care Provider, Women and Children Social Worker and Women and Children Pharmacist.*

**Please fax to 705-495-7973 (Social Worker) or 705-495-8454 (Labour and Delivery)**