



Just return your completed registration form on-line or deliver to your local public health unit or hospital maternity clinic in person, by mail or fax at: 604-918-7491

Local Public Health Units

Abbotsford:

104-34194 Marshall Rd
604.864.3400

Agassiz:

Box 104, 7243 Pioneer Ave
604.793.7160

Burnaby:

300-4946 Canada Way
604.918.7605

Chilliwack:

45470 Menholm Rd
604.702.4900

North Delta:

11245 84 Ave
604.507.5400

South Delta:

1826-4949 Canoe Pass Way
604.952.3550

Hope:

Box 176, 444 Park St
604.860.7630

Langley:

101-6470 201 Street
604.539.2900

Maple Ridge:

400-22470 Dewdney Trunk Rd
604.476.7000

Mission:

1st Floor 7298 Hurd Street
604.814.5500

New Westminster:

218-610 Sixth St
604.777.6740

Cloverdale:

205-17700 56 Ave
604.575.5100

Guildford:

100-10233 153 St
604.587.4750

Newton:

200-7337 137 St
604.592.2000

North Surrey:

220-10362 King George Blvd
604.587.7900

Tri-Cities:

200-205 Newport Dr
604-949-7200

White Rock:

15476 Vine Ave
604.542.4000



Best for a healthy future
BEGINNINGS
• A Public Health Program •

Registration for Public Health Best Beginnings is Easy!

All pregnant individuals who live in Fraser Health are encouraged to register for the Best Beginnings program early in pregnancy.

How do I register for Best Beginnings?

1

Just go to the Fraser Health Best Beginnings website at fraserhealth.ca/pregnancy and complete and submit the easy-to-use online registration form.

OR

2

Complete this paper registration form and return to your local health unit or hospital maternity clinic (see Health Unit contact information on back page).

What happens after I register?

- The information you provide on the registration form becomes part of your confidential medical record.
- Your completed registration form will be reviewed by a public health nurse.
- You will receive a helpful information package in the mail.
- Some individuals will receive a call from a public health nurse to connect them with helpful resources and supports.

If you have any questions please contact your local Public Health Unit (see phone numbers on back page) or go to our website at:

fraserhealth.ca/pregnancy



(Registration Form)



for a healthy future
BEGINNINGS
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PRENATAL REGISTRATION FORM
(Please Print)

Thank you for registering for the Fraser Health – Best Beginnings Program.

A public health nurse will review the information you provide. This information becomes part of your confidential medical record.
Some individuals will receive a call from the public health nurse to connect them with helpful resources and supports.
All individuals who complete the registration will receive a pregnancy information package.

YOUR NAME AND CONTACT INFORMATION (PLEASE PRINT CLEARLY – THANK YOU)									
Today's Date year/month/day					Care Card Number				
Last Name			First Name			Preferred Name			
Street Address			City			Postal Code			
Phone Numbers		Home:		Cell:		Email:			
Which phone is best to reach you at? <input type="checkbox"/> Home <input type="checkbox"/> Cell					Is it okay to leave a voicemail message?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you do not have a phone how can we reach you?					Is it okay to leave a text or email message?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
When is the best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Not available by phone during the day									
YOUR HEALTH CARE TEAM									
Name of Doctor, Nurse Practitioner, or Midwife					City		Phone # (optional)		
Name of hospital where you plan to deliver your baby									
How many months pregnant were you at your first prenatal Doctor, Nurse Practitioner, or Midwife visit?					<input type="checkbox"/> 1-3 months		<input type="checkbox"/> 4-6 months		<input type="checkbox"/> 7-9 months
Are you attending, or do you plan to attend prenatal education classes?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you attending any of the pregnancy outreach or support programs listed below?					<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check appropriate box below		
<input type="checkbox"/> POPS Program		<input type="checkbox"/> Best For Babies		<input type="checkbox"/> KLa-how-eya Aboriginal Centre		<input type="checkbox"/> Maxxine Wright Community Health Centre			
<input type="checkbox"/> Better Beginnings		<input type="checkbox"/> Healthy Babies		<input type="checkbox"/> Healthiest Babies Possible		<input type="checkbox"/> Other (Name or Program)			
INFORMATION ABOUT YOU									
Your Birth Date year/month/day					Your Age				
What is your due date? year/month/day					How many weeks pregnant are you today? _____ weeks				
With this baby, will you be a first time parent?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
How long have you lived in Canada?			<input type="checkbox"/> Born in Canada		<input type="checkbox"/> Less than 5 years		<input type="checkbox"/> 5-10 years		<input type="checkbox"/> More than 10 years
Did you come to Canada as a refugee?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Would you need an interpreter to speak with the nurse?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
If you need an interpreter, what language do you speak?			<input type="checkbox"/> Punjabi <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Other (name of language)						
Do you wish to identify your Indigenous heritage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit or <input type="checkbox"/> Metis				
Do you wish to identify your racial group?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Mixed Race <input type="checkbox"/> East Asian <input type="checkbox"/> South Asian <input type="checkbox"/> South East Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____				
Have you completed high school?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have someone you can talk to when you are upset or worried or just need to talk?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have someone who can help you out with transportation, housing, childcare or other personal needs?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you finding it very difficult to live on your total household income?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you receive income assistance (e.g., disability, income assistance, employment insurance) or BC Medical Premium assistance?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
During the past month have you often been bothered by feeling down, depressed or hopeless?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
During the past month have you often been bothered by little interest or pleasure in doing things?							<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please tick ONE of the check boxes about tobacco/vape			<input type="checkbox"/> I have never smoked cigarettes/vape				<input type="checkbox"/> I currently smoke cigarettes/vape		
			<input type="checkbox"/> I quit smoking/vaping less than 1 year ago				<input type="checkbox"/> I quit smoking/vaping more than 1 year ago		
How often do people smoke/vape around you?			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Less than Monthly		<input type="checkbox"/> Never
Are you planning to breast/chest feed your baby?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not decided yet				
SIGN UP TO RECEIVE OUR E-NEWSLETTERS AND SMARTPARENT TEXT MESSAGES									
Would you like to sign up to receive SmartParent messages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, go to www.smartparentcanada.ca									
Would you like to sign up to receive our Best Beginnings e-newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No									