



Health Sciences Centre
Department of Social Work

Date: _____

Consult/Referral Reason: _____

Update: _____

Amantha Kematich

9-Sept-81

599135-1.

Name: _____

(Print)

Signature: _____

(See June 28/04)

Assessment Summary:

Amantha continues to live in
PF & Amantha has 5 yo daughter. PF not working
but also not helping w/ childcare or household
tasks. Amantha does not plan to bring them for
L+D/prefers to come on her own. PF's niece lives
in same apt block & will care for 5 yo thru hosp
stay. Amantha supposes is on social assistance, the
apt is in PF's name. She's unsure of long term plan
for relationship. PHN Mary who was asked
to provide support thru pres visited & one was
to revisit but did not. Amantha has attended
couple of Health Start Grp meetings @ Stella Maris but
felt some lack of apt in this grp & is not contacting
her family she "doesn't bother with". CFS met w/
her & said they were closing her file.

Amantha lacks a support system. Worker
discussed inhome support services (CFS again or ^{re: despite}
Family Centre / Family Community Centre ^{parent teach}
discussed (located fairly near her home). Amantha
encouraged to utilize community support in light of lack
of partner/family support. Worker brief cont'd to support to
Delivering. [Redacted] BSW Nov 22/04

Signature

Name (Print)

Date

SW - W1

36763



Health Sciences Centre
Department of Social Work

KEHATCH, SARANTHA
09-SEP-1981 F 00599135-1
NB 442876/106295357 OBGY/OBST
DR S H MENZIE COGL00
00599135-1

Date: _____

Consult/Referral Reason: _____

Review consult notes
June 28, July 8, & Nov 22/04

Name: _____
(Print)

Signature: _____

Assessment Summary: P. nitz & Samantha & PF. PF did attend for the birth. While tried describes self as generally doing okay. P. Older daughter is the PF's niece for hosp stay. Living with newborn breastfeeding sister for hosp D/c. Lives just across street from hosp. CFS reviewed patient by not involved / file closed July/04. Additional supports were discussed. Samantha Nov 22/04. She has info on CFS / Family Centre & decides wants to seek additional help. PF is full time in the home. aware of Family Community Centre - P. nitz should see. Write to Que to D/c. [Redacted] (BA)

Signature

Name (Print)

Date

Postpartum Referral Form

PRIORITY CONTACT

Manitoba Health



Hosp No 9016	Hospital Name St. Mary's	Manitoba Health Registration Number 17-2876	Day Admission 30/11/04	Mo 04	Region Wargons	Office Quintown 940
Surname KEMICH	Given Name SARANTH	Date of Birth 09/09/81	Day 09	Mo 09	Yr 81	Previous Surname(s)
Permanent Home Address R.R. Group Box and/or Street & Number City Town Village Municipality 1-747 PRCEE STREET WPG. MB.				Postal Code R2E1W9	Telephone No. [REDACTED]	
Temporary Address WPG. MB.				Telephone No. [REDACTED]	Region / Office / District [REDACTED]	
Husband/Significant Other/Nearest Relative or Friend - Name & Address KRISTAL HILL				Telephone No. [REDACTED]	Marital Status S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/>	Sep <input type="checkbox"/> Div <input type="checkbox"/> Cl <input type="checkbox"/>
MOTHER P.H.N. [REDACTED]			INFANT P.H.N. [REDACTED]			
Antepartum Prenatal Care: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <5 <input type="checkbox"/> 5-8 <input type="checkbox"/> >8 1st Visit: 38204 Day Mo Yr Childbirth Education: <input checked="" type="checkbox"/> Previous <input type="checkbox"/> With this pregnancy <input type="checkbox"/> None Smokes: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes Other Substances: <input type="checkbox"/> No <input type="checkbox"/> Yes Comments/Problems: [REDACTED]			Given Name: [REDACTED] Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Gestational Age: 41 wks Apgar: 09 09 Weight Birth: 2837 g Head Cir: 36 5 cm Discharge: 3613 g Length: 46 5 cm Neonatal Death: <input type="checkbox"/> Day Mo Yr: [REDACTED] Feeding: Breast Milk <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Formula: <input type="checkbox"/> No <input type="checkbox"/> Yes Supplements: <input type="checkbox"/> No <input type="checkbox"/> Yes Newborn Screening: <input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done Immunization BCG: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date: [REDACTED] HBIG/HBV: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date: [REDACTED] Comments/Problems: [REDACTED]			
Labour: Induction <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Augmentation <input type="checkbox"/> No <input type="checkbox"/> Yes Birth Date: 30/11/04 Time: 11:51 hrs Status of Infant: <input checked="" type="checkbox"/> Live <input type="checkbox"/> Stillborn <input checked="" type="checkbox"/> Vaginal <input type="checkbox"/> Spontaneous <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Intact Perineum <input type="checkbox"/> FRCepts <input type="checkbox"/> Vacuum <input type="checkbox"/> Laceration <input type="checkbox"/> Caesarean <input type="checkbox"/> Emergency <input type="checkbox"/> Elective Comments/Problems: [REDACTED]			Discharge: Home with mother <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Extended Stay <input type="checkbox"/> Transfer (Facility) <input type="checkbox"/> Apprehension Relinquishing: <input type="checkbox"/> Agency <input type="checkbox"/> Private <input type="checkbox"/> Undecided Mother's Physician: DR. MENTICOSKOW Infant's Physician: DR. MOFFAT Nursing Assessment: 2 3 yr old competent [REDACTED] [REDACTED] [REDACTED]			
Postpartum: Gravida 09 Para 04 <input checked="" type="checkbox"/> Rh Pos <input type="checkbox"/> Rh Neg RhIG Given: [REDACTED] Day Mo Yr Rubella Immunization: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes MFR: [REDACTED] Lot No. [REDACTED] Comments/Problems: [REDACTED]			Referral to PHN discussed with Mother: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Discharge Date: 12/12/04 Time: 11:51 hrs Day Mo Yr Nurse - PHN Name: [REDACTED]			
Other Service Agency: [REDACTED] Worker: [REDACTED] Phone: [REDACTED]			PHN Contact: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes Home visit: [REDACTED] Telephone visit only: [REDACTED] Declined: <input type="checkbox"/> Day Mo Yr Planned Follow-up: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Phone <input type="checkbox"/> Home Day Mo Yr			
Referral: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Agency: [REDACTED] PHN Name: [REDACTED]			(Print)			



**Health Sciences Centre
Department of Social Work**

Date: _____

Consult/Referral Reason: _____

Samantha Keematch

9-Sept-81

599135-1

Monticoglor

Name: _____

(Print)

Signature: _____

Assessment Summary: *Mary Wood PHN 940-2672 phoned. She had attempted to meet & Samantha Caretaker advised she no longer lives there. Phone # not in service. Writer will attempt to meet next OBD appt & get updated address & ensure pt still wants the service. [redacted] BSW July 8/04. [redacted] PHN updated & new address (Mary Wood) [redacted] Aug 4/04. She will attempt to meet.*

Signature _____

Name (Print) _____

Date _____



Health Sciences Centre
Department of Social Work

Kematch, Samantha

Date: May 31/04

09-09-81

Consult/Referral Reason: _____

Dr. Monticoglu

599135-1

23y.o. (34P10) at 15 wks. 1st child
apprehended & 3 months then returned to
pt's care. 1st child born in PF
3rd child died at 2 1/2 yrs age - ? SIDS vs double pneumonia. Sketchy picture
of current status. Thanks!

Name: Julie Dexter
(Print)

Signature: [Signature]

Assessment Summary: mtg w/ Samantha. She currently lives with
PF McKay & 4yo daughter. PF is a long distance
truck driver (he has older children who live in their mom
Chas pres 18yo daughter). Samantha does have anxiety in this
pres w/ the death of her 3rd child. This child had
been staying in her PF at the time so autopsy info was
provided then not Samantha (she had been told the
death was pneumonia related but also saw other info that
indicates SIDS). Her 4yo daughter also had lived in her PF
to Nov/03 when returned to live in Samantha she says PF
was drinking & left child in a car - who asked her to assume
care. PF hasn't been in touch to enquire as to the child's
well being but CFS have set mtg in her to see she says see
if she is "stable". She denies any current alcohol drug use on her
part. She had been on EIA but as PF working he will support
her. She plans to parent exp newborn in PF's help. Has some
friends & a brother help for childcare she had attended
Healthy Start Day but not now. She would be receptive
to PTH for prenatal for reinsurance in pres. Assume
of prenatal benefit but feels would qualify in PF's job.
She lives near St Hosp & no diff getting to appts. Difficult to
talk about Lch's death but receptive to support / need for
present pres. Winter will refer to PTH / will review CFS at delv
re: amptu plan - will coord contact at SPD to arrange support

Signature: [Redacted]

Name (Print): BSW June 28/04

Date



Health Sciences Centre
Social Work Services - Women's Health

Date

Ward

DATA BASE

Marital Status: 1 M 2 C/L 3 SEP
4 D 5 W 6 SI 7 N/K

Full Name

Home Address:

Postal code:

Year of Birth

Tel. #: H

E.D.C.

Agency:

Mother's present plan:

Hospital Number

Physician

Admit Dates:

Baby: M [] F []

DOB (ddmmyy):

Hospital #:

Name:

Apgar:

Wt

Baby Disch:

LIVING ARRANGEMENTS:

Location: 1 House 2 Apartment 3 Guest/Group Home 4 Institution 5 other 6
Lives Alone 7 lives with

Care Provider:

Phone:

Adequacy/Problems:

NEXT OF KIN/SIGNIFICANT OTHERS:

NAME	AGE	RELATION	COMMENTS
M. King		brother	
P. King		brother	
F. King		brother	
F. King		brother	

FINANCIAL SITUATION:

1) Source of Income: Employment Employed by _____
Pension Type _____
Provincial Social Allowance _____ Municipal Welfare _____ Number _____
UIC WCB Other _____
2) Management: Self other _____ (who, legal instrument, e.g. power of attorney)

COMMUNITY RESOURCE INVOLVEMENT:

AGENCY	SERVICES PROVIDED	CONTACT PERSON	PHONE
P.H. / V. King	PHW accepted	Mary Woo	940-2672
		referral given to you Whitney	

PROSCAN DATA (OFFICE USE)

Open Staff Prog
Reopen Staff Prog
Transfer Staff Prog
Staff Prog
Staff Prog
Source of Referral
Agency Involved

CLOSE
Intervention Provided
S.W. Problem Code Res. Imp. Unch. Worse

CLOSING INFORMATION:
Intervention Not Provided
Deferred Other

DEPARTMENT OF SOCIAL WORK

SIGNATURE

Closing Reason
Further S.W. Indicated Yes No
Referral to Agency Yes No

BASIC INFORMATION

NAME: Kematch, Samantha DATE OF BIRTH: 19/09/81 AGE: 23

ADDRESS: Box 328 Keestotak MB.

TELEPHONE NUMBER (HOME) (WORK) (ALTERNATE)

FATHER'S FULL NAME: Karl Wesley McKay AGE: 43

MEDICARE NUMBER / TREATMENT BAND PROVINCE: MB

OCCUPATION (MOTHER) (FATHER): housekeeper unemployed.

HOSPITAL OF DELIVERY: Woman's Hosp.

OBST. CARE DOCTOR: Antonic BABY CARE DOCTOR REFERRING DOCTOR: Woolford

DATE: 13/05/05

WARD

FULL NAME

YEAR OF BIRTH

HOSPITAL NUMBER

PHYSICIAN

FAMILY HISTORY

NO	YES	COMMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONGENITAL ABNORMALITIES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	GENETIC DISEASE (See Over)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DIABETES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HYPERTENSION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BLEEDING
<input type="checkbox"/>	<input type="checkbox"/>	HEART DISEASE
<input type="checkbox"/>	<input type="checkbox"/>	TWINS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANAESTH. PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	PSYCHIATRIC / OTHER

PREGNANCY SUMMARY

CONTRACEPTION TYPE: (=) PREGNANCY TEST POSITIVE DATE: 13/05/05

TYPE: Uterine

MENSTRUAL HISTORY

LMP	D	M	Y	EDC	D	M	Y
<u>07</u>	<u>03</u>	<u>05</u>		<u>12</u>	<u>12</u>	<u>05</u>	

CYCLE: 28 DAYS

UTERINE SIZE AT FIRST VISIT: EXPECTED WEEKS: ACTUAL WEEKS:

ULTRA SOUND AGREES: YES NO

REVISED EDC: D M Y

PILL WITHDRAWAL: YES NO

SIGNIFICANT MEDICAL ILLNESSES

NO	YES	COMMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARDIOVASCULAR
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES
<input type="checkbox"/>	<input type="checkbox"/>	RENAL
<input type="checkbox"/>	<input type="checkbox"/>	INFECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	TB / EXPOSURE
<input type="checkbox"/>	<input type="checkbox"/>	INFERTILITY
<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY
<input type="checkbox"/>	<input type="checkbox"/>	HYPERTENSION
<input type="checkbox"/>	<input type="checkbox"/>	THYROID DYSFUNCTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input type="checkbox"/>	<input type="checkbox"/>	BLEEDING DISORDERS
<input type="checkbox"/>	<input type="checkbox"/>	TRANSFUSIONS
<input type="checkbox"/>	<input type="checkbox"/>	THROMBOSIS / PHLEBITIS
<input type="checkbox"/>	<input type="checkbox"/>	PSYCHIATRIC
<input type="checkbox"/>	<input type="checkbox"/>	OTHER

INITIAL PHYSICAL EXAMINATION DATE: 13/05/05

HEIGHT: PRE-PREG. WT. 80,6kg PREG. WT. 80,6kg P. 103/64

CHECK (✓) IF NORMAL

HEENT <input checked="" type="checkbox"/>	NIPPLES <input checked="" type="checkbox"/>	VULVA <input type="checkbox"/>
THYROID <input type="checkbox"/>	BREASTS <input checked="" type="checkbox"/>	VAGINA <input type="checkbox"/>
TEETH <input checked="" type="checkbox"/>	ABD <input checked="" type="checkbox"/>	UTERUS <input type="checkbox"/>
CHEST <input checked="" type="checkbox"/>	BACK / EXT. <input checked="" type="checkbox"/>	ADNEXAE <input type="checkbox"/>
HEART <input checked="" type="checkbox"/>	PELVIMETRY <input checked="" type="checkbox"/>	

REMARKS (DETAIL ABNORMAL FINDINGS): ! Enlarged (R) Thyroid lobe

SIGNIFICANT SURGICAL ILLNESSES

NO	YES	COMMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONE BIOPSY CX
<input type="checkbox"/>	<input type="checkbox"/>	UTERINE SURGERY / ABLN
<input type="checkbox"/>	<input type="checkbox"/>	ABDOMINAL SURGERY
<input type="checkbox"/>	<input type="checkbox"/>	VAG / RECTAL SURGERY
<input type="checkbox"/>	<input type="checkbox"/>	FRACTURED PELVIS
<input type="checkbox"/>	<input type="checkbox"/>	SPINAL SURGERY
<input type="checkbox"/>	<input type="checkbox"/>	ANAESTH. PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	OTHER

CURRENT MEDICATIONS: None - Prenatal Folic Acid.

HISTORY OF PRESENT PREGNANCY (SPECIFY)

NO	YES	COMMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABDOMINAL PAIN
<input type="checkbox"/>	<input type="checkbox"/>	EXCESS VOMITING
<input type="checkbox"/>	<input type="checkbox"/>	BLEEDING (DATE)
<input type="checkbox"/>	<input type="checkbox"/>	PYREXIA (DATE)
<input type="checkbox"/>	<input type="checkbox"/>	RADIATION (DATE)
<input type="checkbox"/>	<input type="checkbox"/>	SMOKING (PATTERN)
<input type="checkbox"/>	<input type="checkbox"/>	ALCOHOL (PATTERN)
<input type="checkbox"/>	<input type="checkbox"/>	STREET DRUGS (TYPE)
		NUTRITION 24 HOUR RECALL
		GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>

4 packy eurs

PREVIOUS PREGNANCIES INCLUDING ABORTIONS

GRAVIDA	PARA	TERM	PREMATURE	ABORTIONS	LIVING	MULTIPLE PREGNANCY	ECTOPICS			
<u>5</u>	<u>4</u>	<u>4</u>			<u>3</u>	<u>(-)</u>	<u>(-)</u>			
YEAR	PLACE	DR. DELIVERED	GESTATION WEEKS	DURATION OF LABOUR	TYPE OF DELIVERY	ANAESTH	SEX	WEIGHT	PRESENT HEALTH	COMPLICATIONS / COMMENTS
<u>1998</u>	<u>Winn</u>		<u>40</u>	<u>20h</u>	<u>SVD</u>	<u>-</u>	<u>M</u>	<u>7.2</u>	<u>Atw</u>	<u>0</u>
<u>2000</u>	<u>Winn</u>		<u>40</u>	<u>32h</u>	<u>SVD</u>	<u>Dem</u>	<u>F</u>	<u>8.1</u>	<u>Atw</u>	<u>0</u>
<u>2001</u>	<u>Winn</u>		<u>38</u>	<u>30h</u>	<u>SVD</u>	<u>Dem</u>	<u>F</u>	<u>8.2</u>	<u>Atw</u>	<u>22w mss of SIDS</u>
<u>2004</u>	<u>Winn</u>	<u>McKay</u>	<u>41</u>	<u>4h</u>	<u>SVD</u>	<u>Dem</u>	<u>F</u>	<u>8.7</u>	<u>Atw</u>	<u>Induced - overdose</u>