

# PUBLIC HEALTH NURSING REFERRAL



**Call: 916-875-BABY**  
**Fax: 916-875-0860**

**Referral Source:**

Date: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Contact Information:** Client is aware of this referral?  Y  N      OK to leave message?  Y  N

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Gender:  M  F  
First Time Mom:  Y  N      Pregnant  Y  N      Prenatal Care:  Y  N      Due Date: \_\_\_\_\_  
Medical Insurance:  Y  N  Unknown      Medi-Cal  Y  N  Unknown  
Infant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender:  M  F

**Additional Information:**

Comments: **(Please provide detailed information that would help the receiving agency work with this client)**

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

I am aware my personal information may be shared with Sacramento County Maternal, Child & Adolescent Health Program for referral purposes.

Signature of Client: \_\_\_\_\_  Client was verbally advised of referral

INTERNAL USE ONLY	
<input type="checkbox"/> Black Infant Health (BIH)	<input type="checkbox"/> Nurse Family Partnership (NFP)
<input type="checkbox"/> Child Health & Disability Prevention (CHDP)	<input type="checkbox"/> African American Perinatal Health (AAPH)
	<input type="checkbox"/> Other _____

REFERRAL RESPONSE WILL BE PROVIDED

PLEASE SEE INSTRUCTIONS ON BACK

Sacramento County Confidential Referral Form Instructions  
Completed referral should be faxed to 916-875-0860

**Referral Source:**

- Organization: Complete name of agency making referral
- Referred Date: Date client was referred
- Referred by: Name of person making referral
- Phone, Email and Fax Number of person making referral

**Contact Information:**

Contact information of person being referred. Please complete all contact information, if unknown or not applicable, please specify UNKNOWN or N/A

**Programs Available:**

- **Black Infant Health (BIH)** Case management support services for pregnant African-American Sacramento residents, 18 and over
- **Child Health & Disability Prevention (CHDP)** Well child exams for uninsured 0-19 yrs. and Medi-Cal insured 0-21 yrs.
- **Nurse-Family Partnership (NFP)**-Public Health nurse home visiting program for first time moms referred prior to 28<sup>th</sup> week of pregnancy; public health nurse follows family through the child's 2<sup>nd</sup> birthday
- **African American Perinatal Health**-Public Health nurse home visiting program for African-American families with prenatal, postpartum, newborn and infant health concerns.
- **Other**-Please specify referral need

**Additional Information:** Please provide detailed information that would help the receiving agency work with this client.

