

County of Orange, CA - Health Care Agency Public Health Community Nursing Fax: (714) 834-7977

Phone: (714) 834-7747

## **REFERRAL FORM**

| FF #:             |  |
|-------------------|--|
| Map Grid:         |  |
| Clerk's Initials: |  |
| New:              |  |

District:

|                                  |                            |                             | Ac                         | tive Unit:                     |     |
|----------------------------------|----------------------------|-----------------------------|----------------------------|--------------------------------|-----|
|                                  |                            |                             | Ina                        | ctive:                         |     |
| Date of Referral: /              | /                          |                             |                            |                                |     |
| <b>D</b> 4                       |                            |                             |                            |                                |     |
| Referring Source:  Agency        |                            | Contact Person              | ( )<br>Phone               | ( )<br># Fax #                 |     |
| Send Reports To:                 | '                          | Contact 1 crson             |                            | " Tux"                         |     |
| Client Name:                     | E' .                       | Sex: M F                    | Hospital Record:           | DOB:/_/                        |     |
| Mother's Name:                   | First                      |                             |                            | DOB:/_/                        |     |
| Father's Name:                   | First                      | Mother's Maiden Name        |                            | DOB: / /                       |     |
| Last                             | First                      |                             |                            | <del></del>                    |     |
| Address: Street                  | Apt#                       | City                        |                            | Zip                            |     |
| ( )                              | Αρι π<br>( )               | ( )                         |                            | Σιμ                            |     |
| Home Phone                       | Work Phone                 | Alternate Number            | r                          |                                |     |
| <b>Language Spoken:</b> En       | glish Spanish              | Vietnamese                  | Other                      |                                |     |
| REASON FOR REFERRAL              | ſ.                         |                             |                            |                                |     |
|                                  | <u> </u>                   | e to Thrive                 | Пт                         | lista m./Comment Dames sian Di | חח  |
| Mother/Infant Bonding Issue      | =                          |                             | <u>=</u>                   | History/Current Depression PF  | עי  |
| Breastfeeding Concerns           | = -                        | Withdrawal                  | <u> </u>                   | Ceen Mom                       |     |
| Feeding Problems Impacting       |                            |                             | <u>=</u>                   | mmunization F/U                |     |
| ☐ Is Family/Parent Aware of Pr   | regnancy?                  | ean Delivery with Complica  |                            | listory Drug Use               |     |
|                                  |                            |                             | listory/Current Emotional/ |                                |     |
|                                  | Prema                      | ture: GA at Delivery        |                            | Physical Abuse                 |     |
|                                  | Obesit                     | ty                          |                            |                                |     |
|                                  | Comp                       | lications/Birth Defects? Sp | ecify:                     |                                |     |
| COMPLICATING FACTO               | RS                         |                             |                            |                                |     |
|                                  | Poor Living Conditions     | Low Literacy                | ☐ No Literacy              | First-time Mom                 |     |
|                                  | Medical Home F/U           | Health/Parent Education     |                            | Very Limited Resource          | 200 |
|                                  | _                          |                             |                            |                                | jes |
| Pediatrician &/or OB/GYN N       | ame:                       |                             |                            | Phone: ( )                     |     |
| Infant Stat: BW                  | L                          | HC                          | Apgar                      |                                |     |
| Children/Teens: HT               | WT                         | BMI                         |                            |                                |     |
| <b>Prenatal Care:</b> Yes        | No Where                   | Parity                      | y Gravida                  | a EDC                          |     |
| Note reason(s) based on indicate | ors (outlined in 2010 Prio | rity Guidelines) for PHN v  | visit:                     |                                |     |
|                                  |                            |                             |                            |                                |     |
|                                  |                            |                             |                            |                                |     |
|                                  |                            |                             |                            |                                |     |
|                                  |                            |                             |                            |                                | _   |
|                                  |                            |                             |                            |                                |     |