



## Referral Form for Pregnant Women and Infants (05-17)

Date \_\_\_\_\_

**Referral from:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Client/Patient Information:**

Name \_\_\_\_\_

DOB \_\_\_\_\_ Medicaid # \_\_\_\_\_

Estimated due date \_\_\_\_\_ Language Spoken \_\_\_\_\_

County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**I have the client's consent and am referring her for:**

**Nurse Family Partnership**—Any first-time, low income pregnant woman in Golden Gate, East Naples, Lehigh, or Hendry County.

**Healthy Start Care Coordination**—Any pregnant woman or baby ages 0-2 years with one or more risks below.

(check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> NICU   | <input type="checkbox"/> Tobacco Use                                 |
| <input type="checkbox"/> Homelessness                                       | <input type="checkbox"/> Substance abuse                             |
| <input type="checkbox"/> Domestic Violence                                  | <input type="checkbox"/> Maternal Illness                            |
| <input type="checkbox"/> Sexual Violence                                    | <input type="checkbox"/> Teen with no support                        |
| <input type="checkbox"/> Child Abuse  | <input type="checkbox"/> Diagnosed mental health illness             |
| <input type="checkbox"/> History of violence in the home                    | <input type="checkbox"/> Inadequate growth & development             |
| <input type="checkbox"/> HIV  | <input type="checkbox"/> Lack of basic needs such as housing & food  |
| <input type="checkbox"/> Hepatitis B  | <input type="checkbox"/> Lack of health care including prenatal care |
| <input type="checkbox"/> Other, using professional judgment (specify) _____ |  |

**Referrals: Please Contact Your Local Healthy Start Provider:**

County	Phone	Fax
Collier—Dept. of Health	239.252.8551	239.252.5330
Glades—Dept. of Health	863.674.4041 x 132	863.674.4045
Hendry—Dept. of Health	863.674.4041 x 132	863.674.4045
Lee—Lee Health	239.225.7734	239.225.7744

**Healthy Start Coalition of Southwest Florida, Inc.**

Main Number: (239) 425-6920 \* Customer Service (800) 883-1959 \* [www.HealthyStartBaby.org](http://www.HealthyStartBaby.org)

**Provider Partners:**

