

## PUBLIC HEALTH NURSING REFERRAL

**Call: 916-875-BABY**

**Fax: 916-875-0860**

**Email: DHSMCAH@saccounty.net**

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ 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"/> Child Health & Disability Prevention (CHDP) <input type="checkbox"/> Perinatal Health Program <input type="checkbox"/> PSU	<input type="checkbox"/> Nurse Family Partnership (NFP) <input type="checkbox"/> African American Perinatal Health (AAPH) <input type="checkbox"/> Other _____

REFERRAL RESPONSE WILL BE PROVIDED

PLEASE SEE INSTRUCTIONS ON BACK

**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.
- **Perinatal Health Program**- Public Health nurse home visiting services and resources for pregnant women.
- **PSU**- Public Health nurse home visiting services and resources for pregnant women with substance use issues.
- **Other**-Please specify referral need

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

SACRAMENTO COUNTY



**PUBLIC  
HEALTH**

Promote • Prevent • Protect